



South Dakota Mental Health Statistics Improvement Program (MHSIP)

Year 2006: What Do Youth Consumers and Family of Children and Youth Respondents Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by youth consumers of services received from local community mental health centers. Since 2001 a random survey has been conducted yearly of youth fourteen years of age or older who had serious emotional disturbances. Starting in Year 2003 a random survey was also conducted of Family of Children and Youth. All eleven community mental health centers have volunteered to participate in these surveys.

	Starting on Page:
Introduction	1
Survey Distribution and Returns	1
Findings Statewide	4
Description of Respondents	8
Findings by Center	10
Demographics (Cultural Competence of Care)	23
Evaluation of Services by Race/Ethnicity	25
Still Receiving Services/Not	26
Evaluation of Services by How Became Involved	29
Discussion and Implications	32
Appendix A: Youth 2006 Survey Charts	35
Appendix B: Family of Children and Youth Charts	42

Survey Distribution and Returns

The Youth and Family of Children and Youth samples were derived from all active cases who had received at least one service in the last 3 months. Where possible 100 cases were randomly selected from each Center, of which 80 were sent out and 20 were reserved for those questionnaires sent back as undeliverable. Where there were fewer than 100 cases appropriate compromises were made.

Youth Sample: For Year 2006, out of 749 surveys sent out 86 surveys were returned as undeliverable because of a bad address, leaving 663 possible successful returns. Surveys were returned by 130 youth, for a return rate of 19.6%. Youth were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. One hundred twenty-eight (128) youth did this. This represents a return completion rate of 19.3%.

Last year the return rate was lower than those of prior years and was attributable to a change in survey method. Before last year a second survey was sent out after approximately two weeks to those who had not as yet returned their survey. Last year the survey was sent out once only.

This year the procedure again included a second mailing when necessary. As a result, return rates are back in the range of prior surveys (20% - 21%).

The table on the next page shows the number of surveys completed for each Center for the six years the youth survey has been conducted. Of those delivered this year, Center completion rates varied from a low of 15% to a high of 32%.

Youth Sample: Number of Surveys Completed by Centers for each Year

	Year 2001	Year 2002	Year 2003	Year 2004	Year 2005	Year 2006 Mailed	Year 2006 Deli- vered	Year 2006 Usable	Year 2006 %Usable
PROVIDERS									
Not Available	18	0	4	0	0	n.a.		1	
Behavior Management Systems	12	20	15	17	14	97	82	14	17.1%
Capital Area CS	7	5	8	8	8	78	69	13	18.8%
Community Counseling Services	10	9	5	8	2	46	38	9	23.7%
Dakota Counseling Institute	9	22	19	24	16	99	87	28	32.2%
East Central Mental Health	9	1	2	2	2	4	4	1	25.0%
Human Service Agency	10	11	11	6	10	69	67	10	14.9%
Lewis and Clark Behavioral Health Services	20	21	21	18	22	99	90	17	18.9%
Northeastern Mental Health Center	27	17	16	14	14	86	80	14	17.5%
Southeastern Behavioral HealthCare	6	22	10	12	6	89	74	9	12.2%
Southern Plains Behavioral Health Services	3	6	14	5	2	44	37	6	16.2%
Three Rivers Mental Health	2	6	6	1	1	38	35	6	17.1%
Totals	133	140	131	115	97	749	663	128	19.3%

Family of Children and Youth Sample: For Year 2006, out of 958 surveys sent out, 122 surveys were returned as undeliverable because of a bad address, leaving 836 possible successful returns. Surveys were returned by 227 respondents; this represents a return rate of 27%. These returns were included in the subsequent analyses only if the family member had completed sufficient items to compute at least two of the MHSIP domains. Two-hundred eighteen (218) respondents did this, for a return completion rate of 26%.

Last year the return rate was lower than those of prior years and was attributable to a change in survey method. Before last year, a second survey was sent out after approximately two weeks to those who had not as yet returned their survey. Last year the survey was sent out once only. This year the procedure again included a second mailing when necessary. As a result return rates are equivalent to that of prior surveys (approximately 27%).

The table below shows the number of surveys completed for each Center for Years 2003 through 2006. Center completion rates varied from 20% to 33%.

The return and completion rates for these two populations are extremely good.

Both survey instruments were based on a version of a national instrument designed for youth and for family members/caretakers of youth that is being implemented in many states through the MHSIP Program. The two survey instruments were identical except for wording changes that made it clear that the Youth were answering questions about themselves, while the Family of Children and Youth were answering questions about “their” child or youth.

Family Sample: Number of Surveys Completed by each Center for Each Year

PROVIDERS	Year 2003	Year 2004	Year 2005	Year 2006 Mailed	Year 2006 Delivered	Year 2006 Usable	Year 2006 % Usable
Not Available	3	4	0	-	-	1	-
Behavior Management Systems	27	31	16	91	77	20	26.0%
Capital Area CS	20	27	15	79	63	15	23.8%
Community Counseling Services	21	28	24	99	89	27	30.3%
Dakota Counseling Institute	11	23	13	100	87	25	28.7%
East Central Mental Health	6	2	8	12	12	4	33.3%
Human Service Agency	25	13	12	99	86	18	20.9%
Lewis and Clark Behavioral Health Services	15	37	25	99	91	26	28.6%
Northeastern Mental Health Center	25	17	16	90	81	25	30.9%
Southeastern Behavioral HealthCare	19	24	20	100	78	16	20.5%
Southern Plains Behavioral Health Services	12	19	6	97	84	18	21.4%
Three Rivers Mental Health	21	15	8	92	88	23	26.1%
Grand Total	205	240	163	958	836	218	25.8%

Thus Youth consumers along with Family of Children and Youth parents/guardians were asked to agree or disagree with 21 statements related to the ease and convenience with which they received services (Access), the quality of services (Appropriateness), results of services (Outcomes), ability to direct their own course of treatment (Treatment Participation) and staff sensitivity to their background/culture (Cultural Sensitivity). Finally, an Overall MHSIP score was defined from the average consumer response to all MHSIP items. This MHSIP score was computed only if two-thirds or more of the questions that comprise the score were answered; otherwise, that scale was left blank.

Scores ranged from a score of 1 (the most positive response) to a score of 5 (the least positive response). Note that on the Youth questionnaire the scale was reversed, with 1 being the least positive and 5 being the most positive response. For this report Youth scores have been transformed for consistency of presentation. Thus for both surveys a consumer whose domain score was less than 2.5 was defined as having been 'satisfied' with respect to that domain. Scores of 2.5 to 3.5 were defined as 'neutral' and scores higher than 3.5 were considered unsatisfied with respect to that domain.

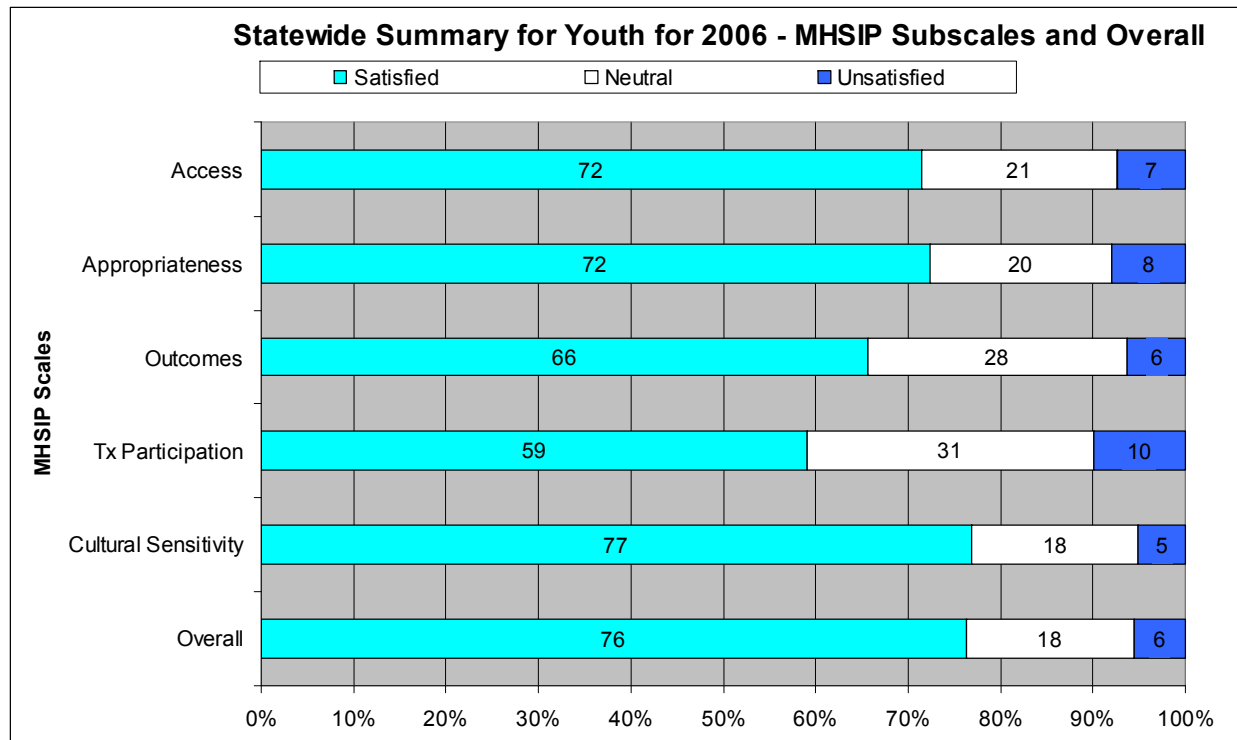
Results for each of these two populations will be compared and contrasted. While the age of the youth who fill out the MHSIP survey is restricted to those 14 years of age or older (actual age range was 13.3 to 17.4), the age of the children and youth in the family sample varied from 3.0 to 18.3 years of age. Sixty-three of the children/youth represented in the Family of Children and Youth respondents, approximately one-fourth of the sample, were age 14 or older. Where necessary, comparisons between the Youth and Family of Children and Youth will be restricted to those 14 years of age or older.

This data will for the most part be analyzed and presented based on two different types of scores. The main analyses will use the scores themselves as the measure, and compare averages over groupings or levels of another variable. A supplementary set of analyses will use a less powerful statistical technique, chi square, to look at whether a consumer has been classified as 'satisfied', 'neutral', or 'unsatisfied' on a particular domain or on the MHSIP overall in relationship to these same groupings with the levels or scores of another variable.

Findings Statewide

Youth Sample Statewide: for Year 2006, the Youth sample results for MHSIP Scale Overall and for each of the domains are shown in the chart below. This chart presents the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above.

For the current Youth sample results vary only slightly when compared to last year's results. To assess whether this represented a 'real' change, respondent's average score in each domain were compared for years 2006 to 2005 to 2004. There was no evidence of a statistically significant change, however ($p > .30$ in all cases).



For the Youth sample the average score for each domain and for the MHSIP Overall are presented in the table below for Years 2006 back to 2004. Also included for each domain is the number (and percentage) of these 128 youth consumers from the 2006 survey for whom a score could be computed.

Domain	# (and %) of valid scores from the 128 respondents)	Mean Year 2006	Mean Year 2005	Mean Year 2004
Access (based on 2 items)	123 (93.9%)	2.07	2.07	1.99
Appropriateness (based on 7 items)	127 (99.2%)	2.17	2.07	2.09
Outcomes (based on 6 items)	128 (100%)	2.22	2.29	2.35
Treatment Participation (3 items)	122 (95.3%)	2.39	2.33	2.28
Cultural Sensitivity (5 items)	117 (91.4%)	2.00	1.90	1.90
MHSIP Overall (based on all 23 items)	127 (99.2%)	2.17	2.14	2.14

Outcomes is the domain most closely based on actual behavioral outcomes, and for Adult and Family of Youth consumers is typically the domain that all consumers rate least positively. Youth, however, typically rate Treatment Participation least positively. While there is an occasional exception it is interesting to note that for the last two years the domain of Treatment Participation was again more negative than the domain of Outcomes. While last year the difference of four one-hundredths of a scale point was so small as to not be statistically reliable, this year the difference is statistically reliable ($p < .05$). This difference represents at best a small effect size, however, and thus is not that clinically meaningful.

Statistically the mean ratings for the domains of Outcomes and Treatment Participation were significantly less positive than the means of any of the other domains ($p < .05$ and beyond); as noted above their means differed from each other as well. The means of the other domains did not differ significantly from each other.

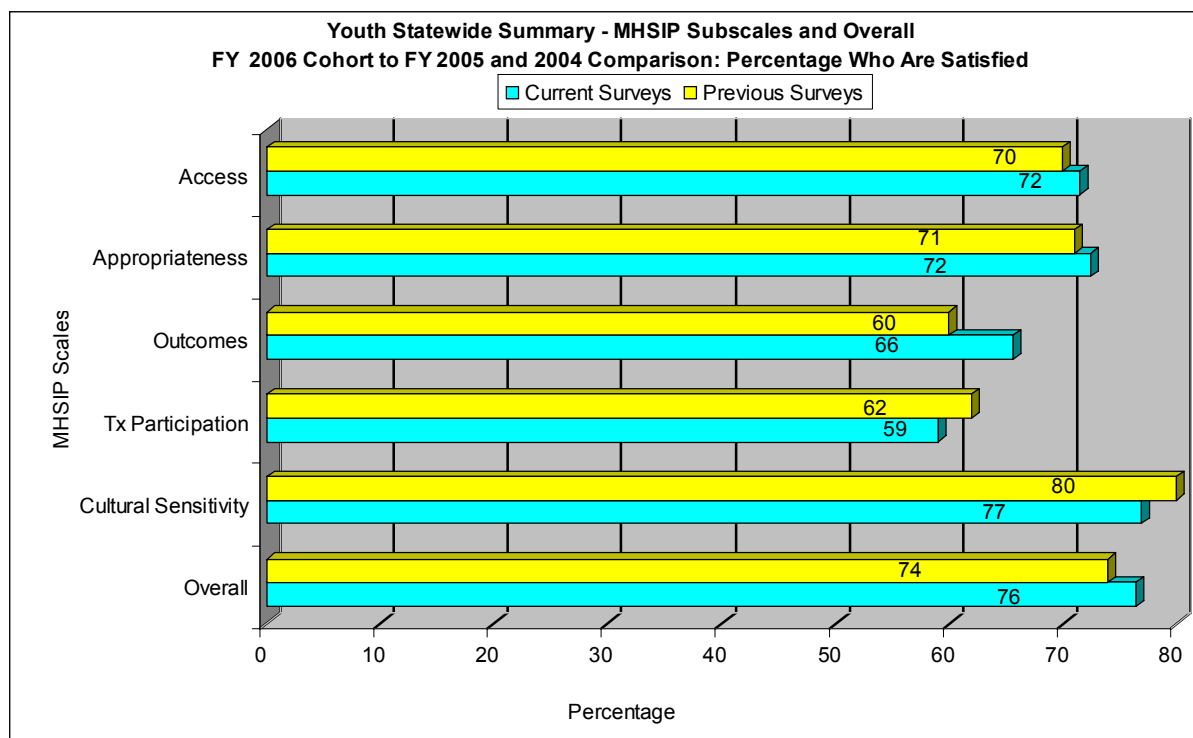
On the domains they share in common, Youths' ratings compared to the ratings of Adult consumers were somewhat less positive on all comparable domains except for Outcomes; differences ranged from .15 to .30 of a scale point. For Outcomes, Youth were slightly more positive than Adults by one-tenth of a scale point. This is very close to the results found in last year's comparisons.

A correlational analysis was done to assess the degree of consistency among the domains. With the exception of Year 2004 there has been a relatively high degree of consistency in youth consumer ratings among all the domains. This was again true this year. The lowest correlation among any pair of domains was .40.

A similar finding occurs when analyzing data from all six years. For the entire sample of Youth, the lowest correlation for two domains was .40. This would seem to demonstrate the tendency for consumers to perceive some degree of positivity or negativity among the five domains.

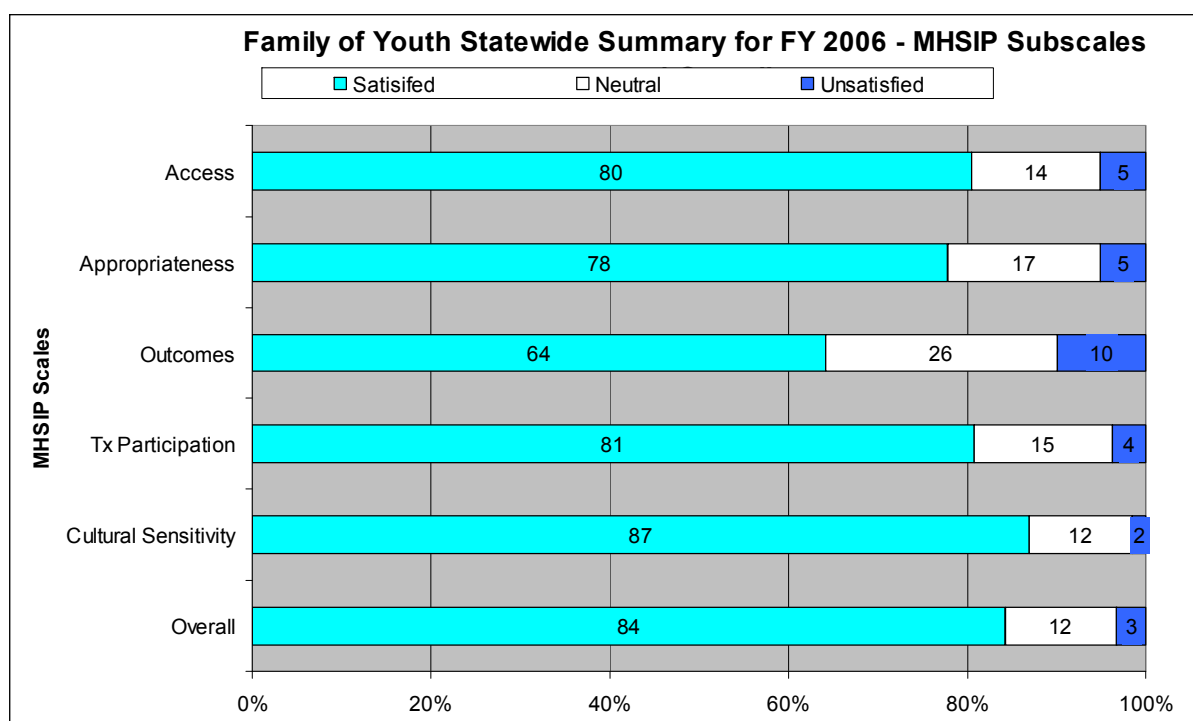
Additional "trend" analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the six administrations of the questionnaire. Overall none were found. That is, there is no evidence that, on average, scores on the MHSIP scales varied significantly between years ($p > .40$ in all cases). Thus, it appears that over all providers, statewide scores have remained quite stable.

The chart below, which shows the percentage of youth consumers who marked satisfied responses in each domain for Year 2006 compared to the previous two years combined, is consistent with the findings reported above.



Family of Children and Youth Sample Statewide: For Year 2006, the Family of Children and Youth results for MHSIP Scale overall are shown in the chart on the next page. This chart presents the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall.

The results for the Family of Children and Youth respondents were quite positive, though less so for the Outcomes domain. Visually, these results were even more positive than those for youth consumers for all domains except for Outcomes. These percentages were, over all domains, about the same as or better than those for Adult consumers.



For Family of Children and Youth respondents, the average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included for each domain is the number (and percentage) of the 218 parents/guardians of consumers for whom a score could be computed.

Domain	# (and %) of valid scores from the 218 respondents	Mean Year 2006	Mean Year 2005	Mean Year 2004
Access (based on 2 items)	216 (99.1%)	1.83	1.67	1.85
Appropriateness (based on 7 items)	217 (99.5%)	1.95	1.91	2.00
Outcomes (based on 6 items)	218 (100%)	2.40	2.34	2.41
Treatment Participation (3 items)	214 (98.2%)	1.94	1.97	2.00
Cultural Sensitivity (5 items)	193 (88.5%)	1.71	1.72	1.69
MHSIP Overall (based on all 23 items)	218 (100%)	2.01	1.98	2.04

Outcomes is the domain most closely based on actual behavioral outcomes, and was the domain that Family of Children and Youth respondents rated least positively by a substantial margin. All other domains were rated quite positively. Not surprisingly the domain of Outcomes was rated significantly less positively than the other four domains ($p < .001$ and beyond). Cultural Sensitivity was the domain rated most positive on average; this domain was statistically more positive than the other four domains ($p < .001$). Appropriateness and Treatment Participation were the only two domains that did not differ significantly from each other.

As was the case last year, there was a high degree of consistency in the way consumers rated four of these five domains. Correlations between pairs of domains fell between 0.57 and 0.67. Also consistent with last year's findings the correlation of Outcomes with the other four domains was somewhat lower (range: 0.34 – 0.36).

Additional analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the four administrations of the questionnaire. None were found ($p > .15$ for all analyses). That is, there is no evidence that, on average, scores on the MHSIP scales had changed from Year 2003 to the current administration of the survey.

Youth and Family of Children and Youth Comparison: Parent/guardian respondents and youth respondents were compared on their average responses to each of the five domains. There were differences between these two group's average ratings on four of the five domains and on MHSIP overall. The largest difference was found for the domain of Treatment Participation ($p < .001$, with a moderate effect size in both cases). That is, Family/Guardians compared to the Youth themselves rated their ability to participate in their child/youth's treatment significantly more positively. Similar though smaller differences were found for the domains of Access, Appropriateness, and Cultural Sensitivity ($p < .05$, with a small effect size). No differences were found for the domain of Outcomes or for MHSIP Overall.

It is possible that the significant differences found on these two MHSIP domains is due to a bias or confounding, as there are three major differences between Youth and Family of Children and Youth sample. One such difference was, of course, whether the person filling out the questionnaire is the consumer. The second was the age of the child or youth. Children in the Youth sample were restricted to those 14 years of age or older; there was no such restriction in the Family of Children and Youth sample. The third were the associated characteristics such as living situation. To control for the second and third issues, at least to the degree possible, the same analyses were repeated with the Family of Children and Youth sample restricted to those 14-years of age and older who had lived with their parents and had not lived in a group home or

correctional facility. Results very similar to those using the entire sample were found for Treatment Participation ($p < .05$ because of the decreased n with a small effect size because of a smaller mean difference between the groups). Since similar differences have been found the last three years it is likely that these are real differences rather than artifacts based on differing characteristics of the sample.

Social Connectedness and Improved Functioning Scales

Two years ago two new scales were added to the family/caregiver consumer survey for pilot testing. The first, Social Connectedness, consisted of 7 items that focused on the extent to which the consumer had other people that could be called on as a resource. Two typical sample items read: Other than my child's service providers ... "In a crisis, I would have the support I need from family or friends" and "I am happy with the friendships I have." These items were rated on the same 5-point scale used for the other MHSIP items.

The second new scale, Improved Functioning, consisted of 1 additional item that tapped a domain very similar to that of the MHSIP domain of Outcomes. The new item read As a result of the services my child received ... "My child is better able to do thing he or she wants to do." This item was also rated on the same 5-point scale used for the other MHSIP items.

The one item on improved functioning is essentially the same as the domain of Outcomes ($r = 0.77$ when combining the two years of existing data), and should probably be added to the Outcomes domain if the item is retained.

Below is a table that shows the relationship between the new Social Connectedness scale and the five MHSIP domains and MHSIP Overall for the 2005-2006 survey.

Scale / MHSIP Domain	Access	Appropriateness	Outcomes	Tx Participation	Cultural Sensitivity	MHSIP Overall
Social Connectedness	0.41	0.42	0.30	0.26	0.43	0.46

Thus this new scale correlates reasonably highly with the MHSIP domains and MHSIP Overall. The magnitude of these correlations, however, is a step down from those observed by adult consumers. Also in contrast to the findings for adult consumers one of the lowest correlations with this scale is with the domain of Outcomes; with adult consumers this scale correlated higher with the domain of Outcomes than with any other domain. The most likely reason for these differences in findings is that the ratings on the Social Connectedness scale focus on the family/caregiver while the ratings on the MHSIP scales focus on the child/youth consumer. For adult consumers the focus on both sets of ratings is the adult consumer.

All correlations presented in the table are highly statistically significant. They represent moderate to large effect sizes.

Description of Respondents – Youth and Family of Children and Youth

Respondents will first be described for the Youth sample. A description of respondents for the Family of Children and Youth sample will follow.

Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table shows, somewhat more females (61%) compared to males (39%) were represented in the surveys; compared to the last few years this represents a steady decrease in the percentage of male respondents. All respondents provided birthdates, and all reported that their age was 13 or

higher. With respect to race/ethnicity most were White, Non-Hispanic (68%), leaving 32% minority youth respondents. The percentage of White, Non-Hispanics was somewhat lower than the percentages in the preceding surveys.

Youth: Count of Individuals Completing Items for Two or More MHSIP Domains for FY 2006

Race/Ethnicity - Gender	Male	Female	Unknown	Total
White Non-Hispanic	35	52	0	87
Non-white	15	26	0	41
Unknown	0	0	0	0
Total	50	78	0	128

For this year's survey 84 youths (66%) reported that they had lived with a parent in the past 6 months. Sixteen (13%) youths reported they had lived with relatives, thirteen (10%) reported they had lived in a Foster Home in the past 6 months, eight (8%) had lived in a Group Home and eleven (9%) had lived in a state correctional facility. Twenty-five (20%) of youths reported they had been involved with the police this year, while virtually the same number (but not necessarily the same youth) reported they had been involved the previous year. Seventy-three of the 128 youth (57%) reported that they were on medications for behavioral health problems. Forty (31%) youth indicated they were no longer receiving services from the Center, more than double the percentage from last year. Finally, almost two-thirds of the youth who responded indicated that their parents were receiving services.

Please see Appendix A. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

Family of Children and Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table below shows, more male children and youth (56%) were represented in the surveys than female children and youth (44%), a decrease of about 4% compared to last year. All but one respondent provided birthdates for their child or youth. Ages ranged from between three through eighteen years of age. All but one respondent included information on race/ethnicity; the majority were White, Non-Hispanic (67%), while 33% were minority. This represents about a 20% percentage increase in white non-Hispanic respondents compared to last year.

Family of Children and Youth: FY 2006 Count of Child/Youth Consumers Completing Items for Two or More MHSIP Domains

Race/Ethnicity - Gender	Male	Female	Unknown	Total
White Non-Hispanic	85	59	0	144
Non-white	36	37	0	73
Unknown	0	0	1	1
Total	121	96	1	218

For this year's survey of parents or guardians (including foster care parents) 152 of these children or youths (70%) had lived with a parent in the past 6 months. Fourteen (6%) had lived with a family member in the past six months, twenty-one (10%) of these children and youths had lived in a Foster Home in the past 6 months, four (2%) had lived in a Group Home and one had lived in a state correctional facility. Nine (4%) of these children and youths had been arrested, while 12 (5.5%) had been arrested the previous year. These were generally not the same children/youth. One hundred twelve (52%) were on medications for behavioral health problems. Forty-three (20%) indicated they were no longer receiving services from the Center. One hundred sixty-nine

(82%) of those who answered responded positively with regard to whether parents were receiving services.

Please see Appendix B. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

For the second year, the survey asked respondents to indicate whether they were a parent, relative, guardian, staff person, or 'other'. The results for this year are presented in each category, followed by last year's findings. Being a parent was the modal category ($n = 153$, 70% vs. $n = 122$, 74%). Other categories included being a relative ($n = 9$, 4% vs. $n = 5$, 3%), being a guardian ($n = 36$, 17% vs. $n = 21$, 13%), being a staff person ($n = 5$, 2% vs. $n = 1$, 0%), or other ($n = 15$, 7% vs. $n = 14$, 9%) Others were primarily foster parents. Note that the percentages for these two years were quite similar.

While two years ago parents reported being more satisfied on the MHSIP domains and on MHSIP overall than were respondents in the other four groups, there have been no differences between parents and the other four groups during the last two years of the survey. For statistical purposes the responses of parents were compared to the responses of all other groups. As was the case last year, there were no differences between these two groups of respondents ($p > .10$ in all cases). Nor were there differences for both groups combined ($p > .10$ in all cases).

Findings by Center

Overall survey results for each Center for each of the two surveys are shown on the next two pages; results of the Youth survey are presented first, followed by the Family of Children and Youth survey. This will be followed in the same manner by results for each domain the survey was designed to evaluate: Access to Services (the ease and convenience with which they got services), Appropriateness of Services (the quality of services), Outcome of Receiving Services (results of services), Treatment Participation (ability to direct their own course of treatment) and Cultural Sensitivity (staff sensitivity to their background/culture).

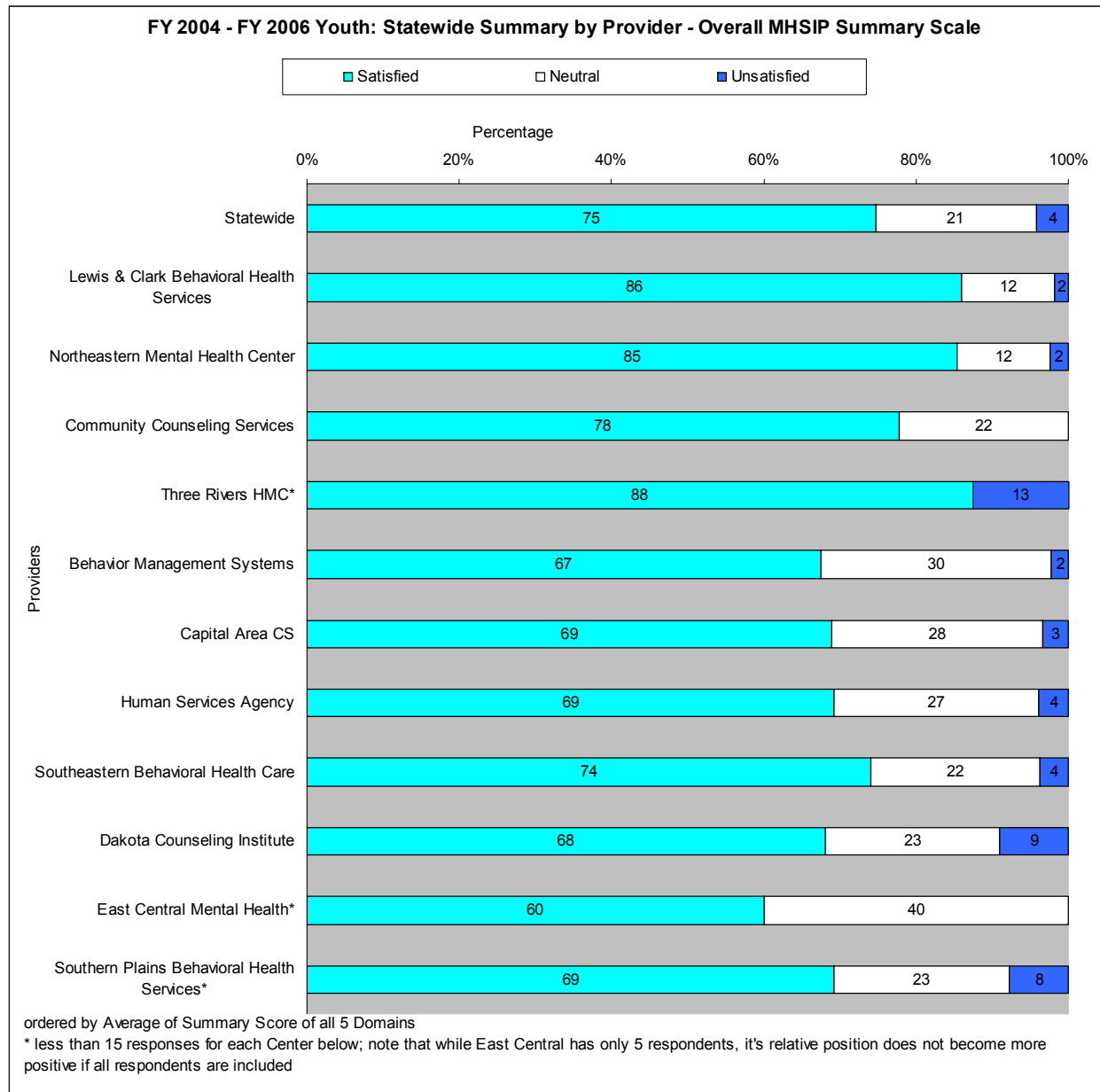
Note that in the graphs that follow, small differences in percentages between Centers are not meaningful. Many things may account for the differences you see in charts comparing Centers. Some of the differences may be because the Centers, their services, or the characteristics of their consumers vary.

The 128 youth who completed Year 2006 Youth surveys were served by 11 Centers. Six of the eleven Centers had ten or fewer respondents. Nine of the eleven had fewer than 15 returns. Number of returns ranged from a high of twenty-eight (Dakota Counseling Institute) to a low of one (East Central Mental Health).

Charts and statistics for this year's findings will not be presented for Youth because of the high percentage of Centers with small numbers of returns. Rather charts and statistics will be presented for Youth surveys over the last three years the survey has been conducted. Note that this is the first time in recent years that a subset of youth had been presented. Last year, for example, results were presented for all five years of the survey.

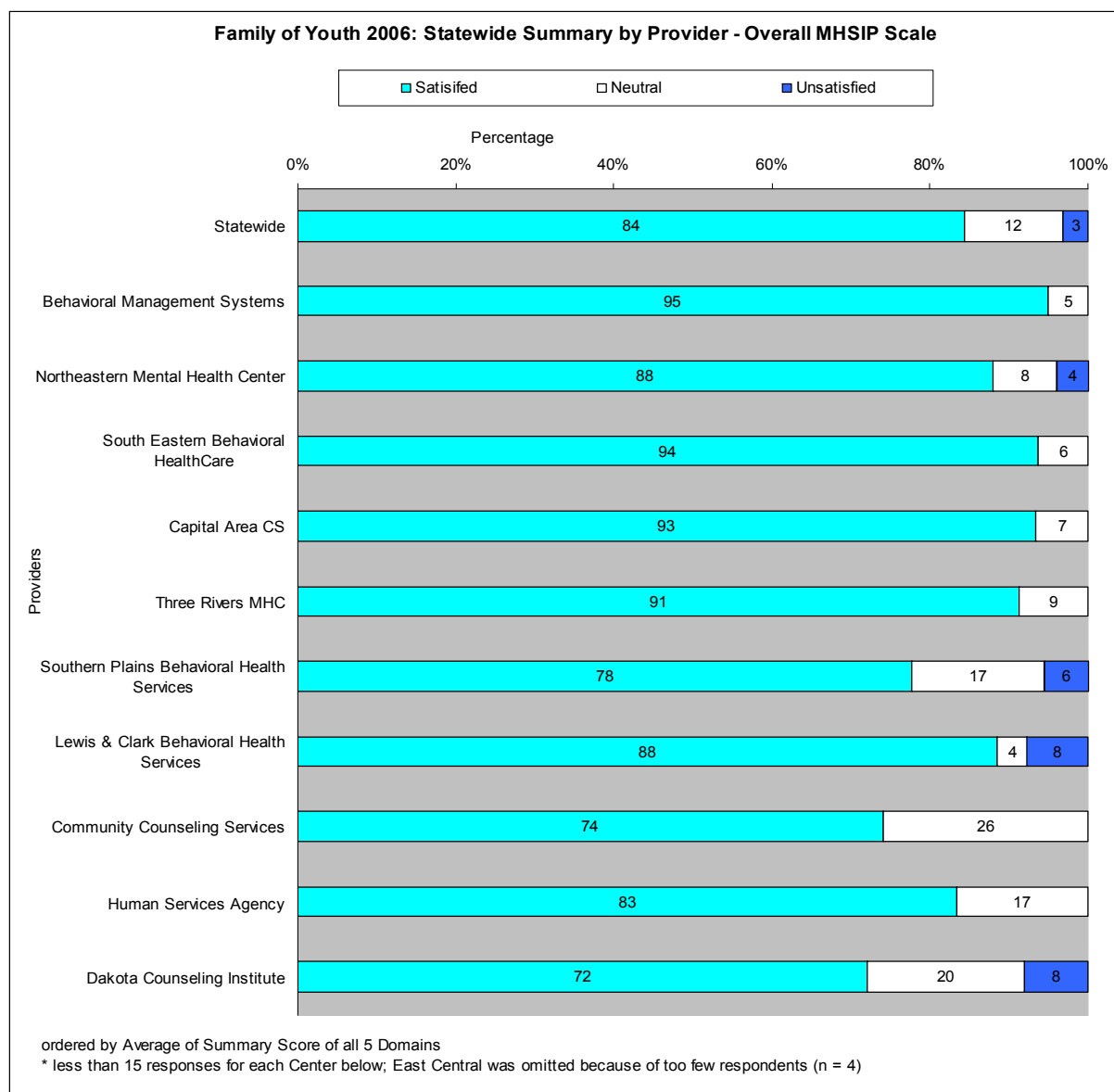
The 218 parents and guardians who completed Year 2006 Family of Children and Youth surveys were served by the same 11 Centers. Only one of the eleven Centers, East Central Mental Health, had fewer than fifteen respondents. Number of returns ranged from a high of twenty-seven (Community Counseling Services) to a low of four (East Central Mental Health). Since East Central had so few respondents they were omitted from the following charts and tables.

On the following pages are charts comparing Centers for the MSHIP Overall as well as each of the five MHSIP domains for Youth, followed by Parents/Guardians.



Youth: For the Overall MHSIP Summary score over three years, statewide, 75% of consumers were satisfied. The Center satisfaction rates ranged from a low of 60% to a high of 88%. Only one Center, Three Rivers, had more than 10% of their respondents unsatisfied. **The table below** shows for each Center the means and number of respondents for the Overall MHSIP summary score. **Over all six years of the survey** differences among Centers were not statistically significant ($p > .15$).

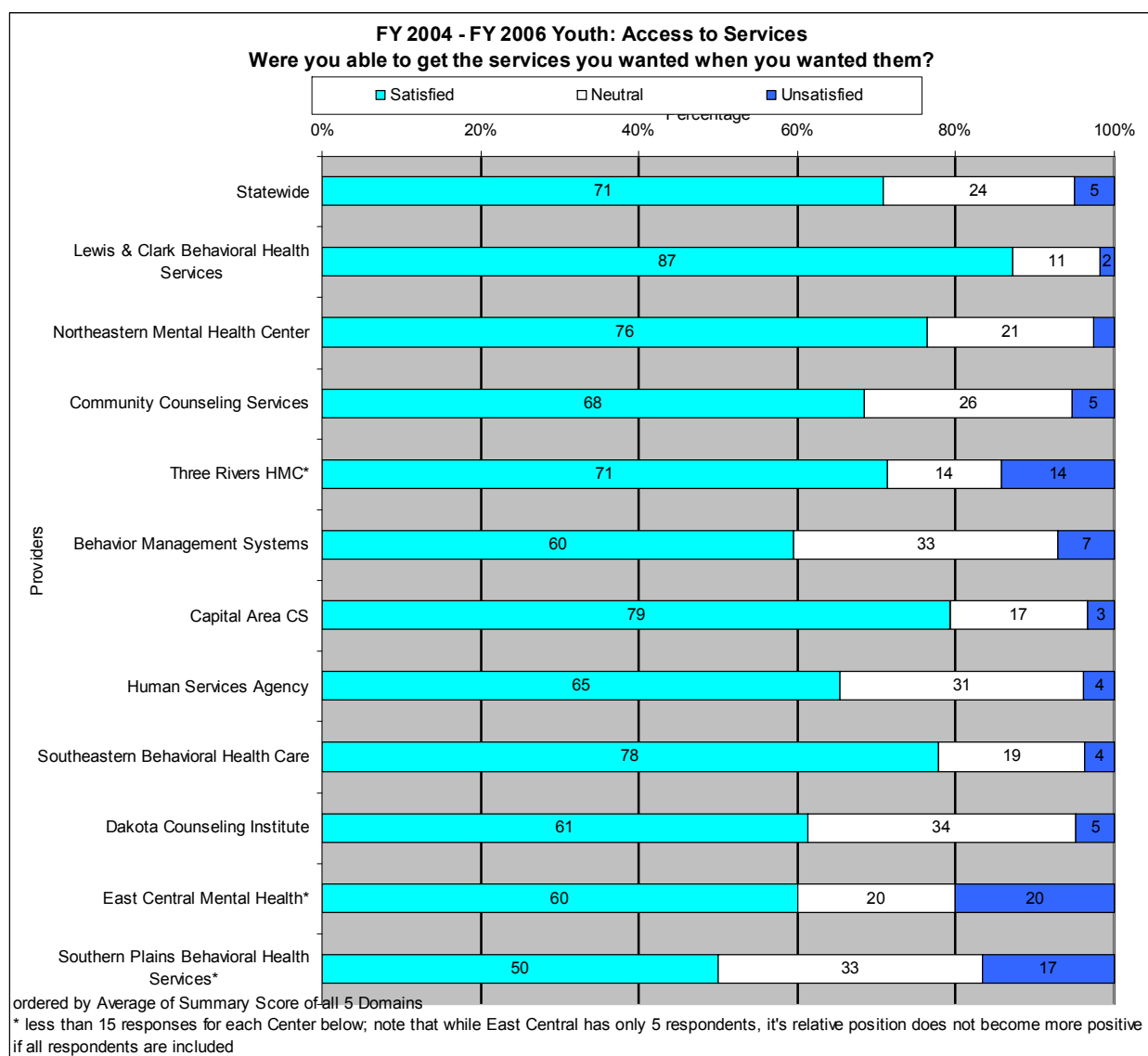
Lewis & Clark Behavioral Health Services	1.98 (57)	Human Services Agency	2.18 (26)
Northeastern Mental Health Center	2.07 (41)	Southeastern Behavioral Health Care	2.21 (27)
Community Counseling Services	2.13 (18)	Dakota Counseling Institute	2.25 (66)
Three Rivers HMC	2.13 (43)	East Central Mental Health	2.31 (5)
Behavior Management Systems	2.13 (8)	Southern Plains Behavioral Health Services	2.56 (13)
Capital Area CS	2.15 (29)	Statewide Average	2.15 (333)



Family of Children and Youth: For the MHSIP Overall, statewide 84% of parents/guardians of children/youth consumers reported they were satisfied. The Center satisfaction rates ranged from a low of 72% to a high of 95%, an excellent result. Furthermore, as was the case the last two years, there were relatively few ratings that were unsatisfied overall. As shown above, none of the providers had 10% or more of their respondents ‘unsatisfied’. **Over the four years of the survey** the Centers did differ in their average ratings ($p < .01$); post hoc tests showed that respondents from Three Rivers (mean of 1.88), East Central (1.90), Behavioral Management (1.93), and Northeastern Mental Health Center (1.94) were reliably more satisfied than those from Dakota Counseling (2.31).

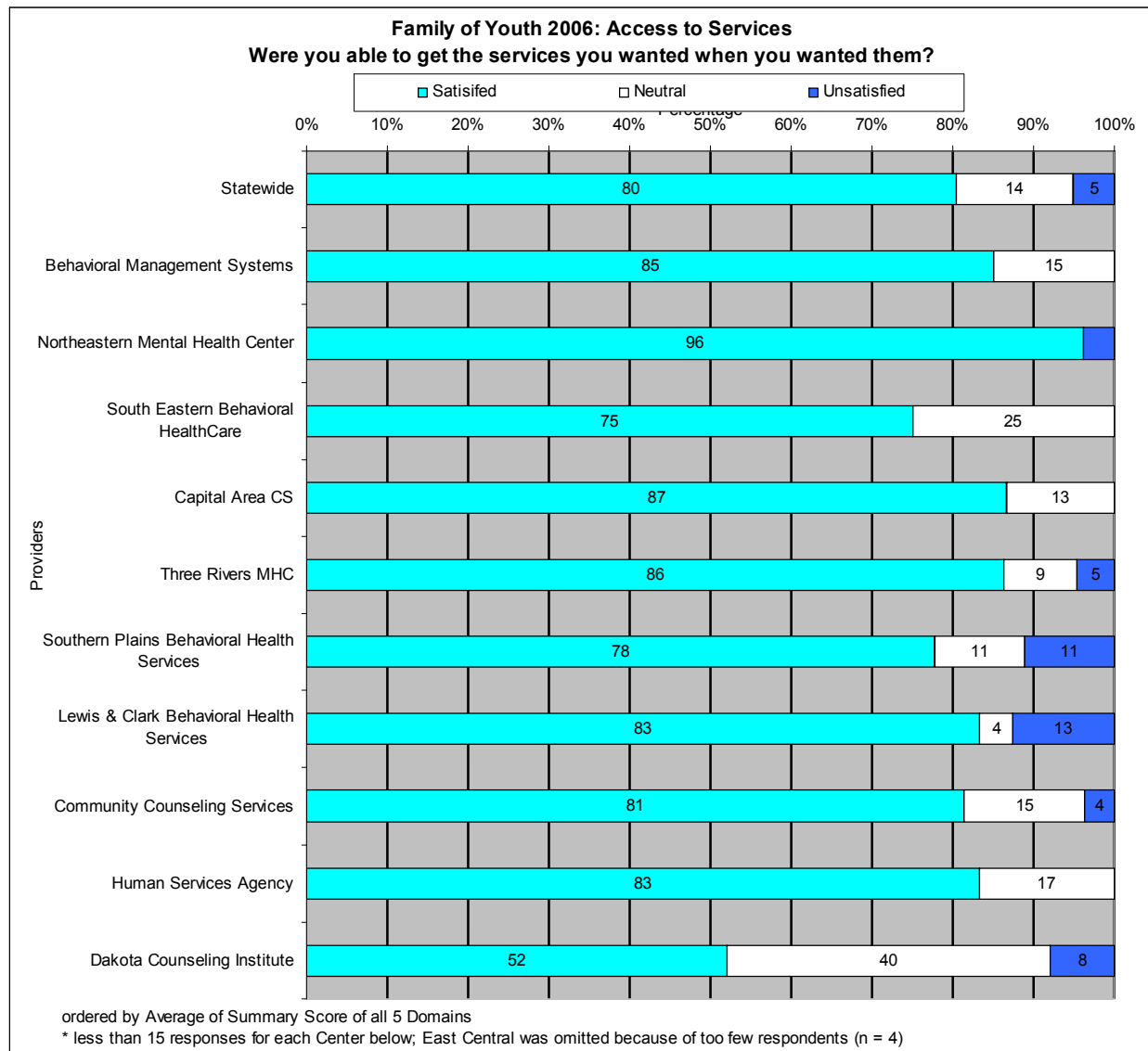
For Year 2006, the table below shows for each Center the means and number of respondents for the overall MHSIP summary score, excluding East Central.

Behavior Management Systems	1.77 (20)	Southern Plains Behavioral Health Services	1.99 (18)
Northeastern Mental Health Center	1.79 (25)	Lewis & Clark Behavioral Health Services	2.01 (26)
Southeastern Behavioral HealthCare	1.90 (16)	Community Counseling Services	2.04 (27)
Capital Area CS	1.95 (15)	Human Services Agency	2.22 (18)
Three Rivers MHC	1.95 (23)	Dakota Counseling Institute	2.31 (25)
		Statewide Average	2.01 (218)



Youth: For the MHSIP domain of Access, statewide 71% of consumers reported they were satisfied. The Center satisfaction rates ranged from 50% to 87%. 10% or more of the respondents in three Centers were unsatisfied (see chart above). **Using the entire six years of data** the differences among Centers were not statistically significant ($p > .15$). **The table below** shows for each Center the means and number of respondents for the domain of Access for the three years of the Youth survey.

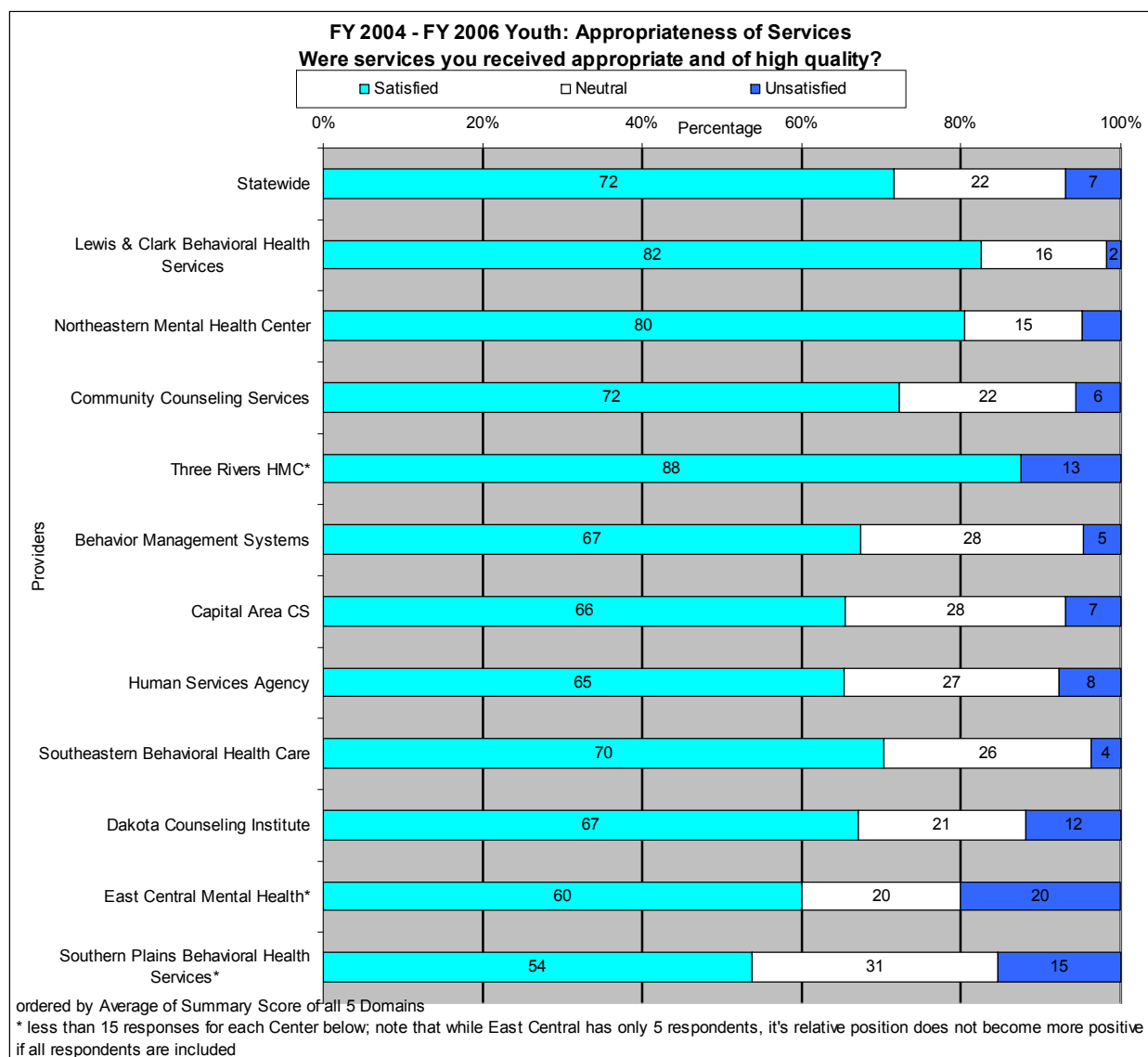
Lewis & Clark Behavioral Health Services	1.79 (55)	Human Services Agency	2.15 (26)
Northeastern Mental Health Center	1.93 (38)	Southeastern Behavioral Health Care	1.91 (27)
Community Counseling Services	2.00 (19)	Dakota Counseling Institute	2.20 (62)
Three Rivers MHC	2.20 (42)	East Central Mental Health	2.10 (5)
Behavior Management Systems	2.21 (7)	Southern Plains Behavioral Health Services	2.50 (12)
Capital Area CS	1.90 (29)	Statewide Average	2.04 (322)



For the MHSIP domain of Access, statewide 80% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 52% to 96%. Two of the Centers had 10% or more of their respondents unsatisfied (see chart above). **Over the four years of this survey**, differences among Centers on their average score on this domain were statistically significant ($p < .01$). Post hoc tests post hoc tests showed that respondents from Three Rivers (mean of 1.61), East Central (1.65), Southern Plains (1.69), Capitol Area CS (1.72), Lewis & Clark (1.73), and Northeastern (1.76) were reliably more satisfied than those from Dakota Counseling (2.22).

For Year 2006 the table below shows for each Center the means and number of respondents for the MHSIP domain of Access, excluding East Central.

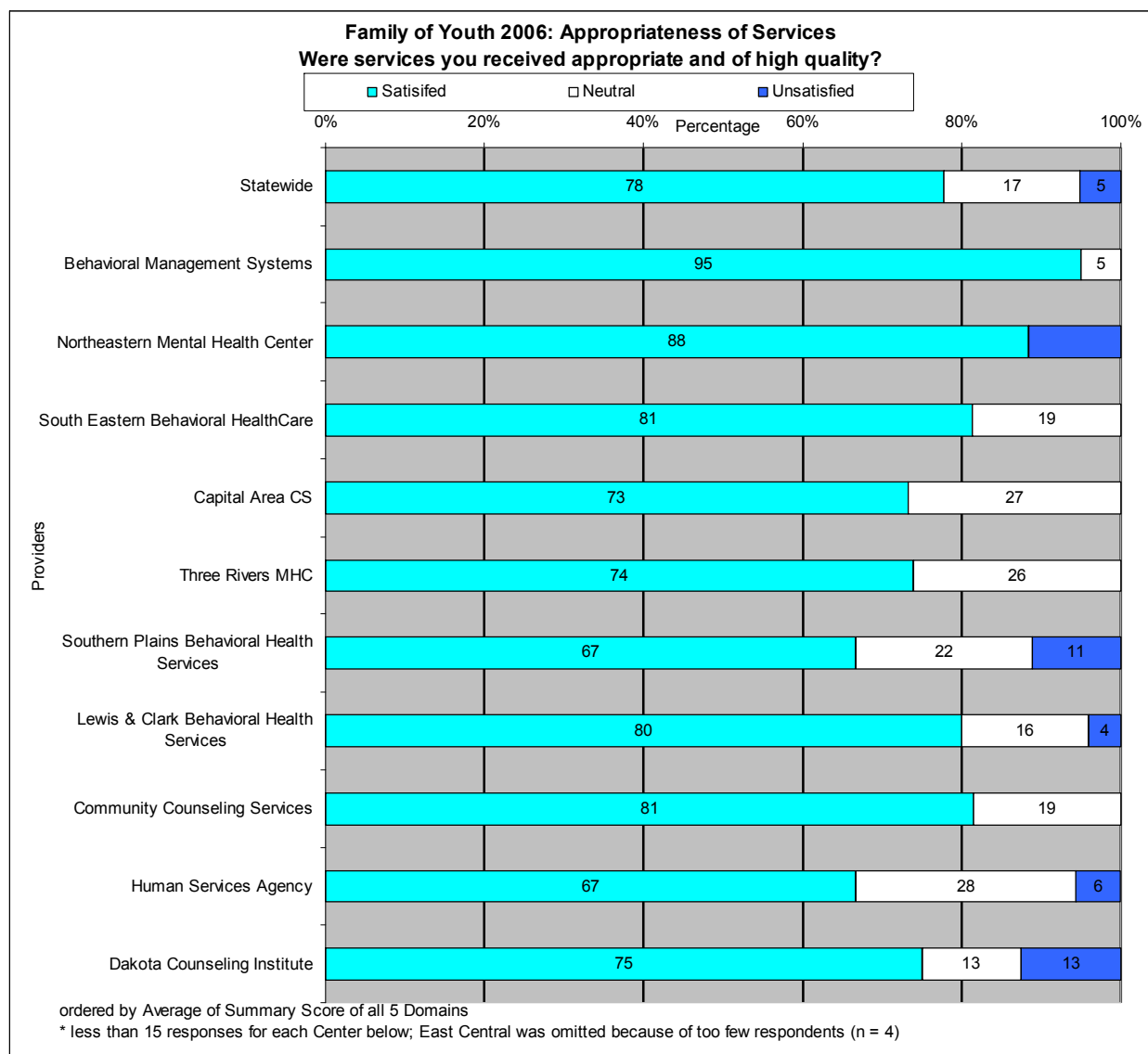
Behavior Management Systems	1.73 (20)	Southern Plains Behavioral Health Services	1.72 (18)
Northeastern Mental Health Center	1.44 (26)	Lewis & Clark Behavioral Health Services	1.90 (24)
South Eastern Behavioral HealthCare	1.78 (16)	Community Counseling Services	1.89 (27)
Capital Area CS	1.70 (15)	Human Services Agency	1.72 (18)
Three Rivers MHC	1.91 (22)	Dakota Counseling Institute	2.36 (25)
		Statewide Average	1.84 (216)



For the MHSIP domain of Appropriateness, statewide 72% of consumers reported they were satisfied. The Center satisfaction rates ranged from 52% to 88%. Four Centers had 10% or more of its respondents unsatisfied, one of whom-East Central Mental Health-had 20% of Youth respondents unsatisfied. **Using the entire six years of data**, the differences among Centers above were statistically significant ($p < .05$). Post hoc tests showed that clients from Three Rivers (mean of 2.02), Lewis & Clark (2.03), Northeastern (2.10), Southeastern (2.16), and Behavior Management Systems (2.16) were significantly more satisfied than clients of East Central Mental Health (2.84).

The table below shows for each Center the means and number of respondents for the domain of Appropriateness for the three years of the Youth survey.

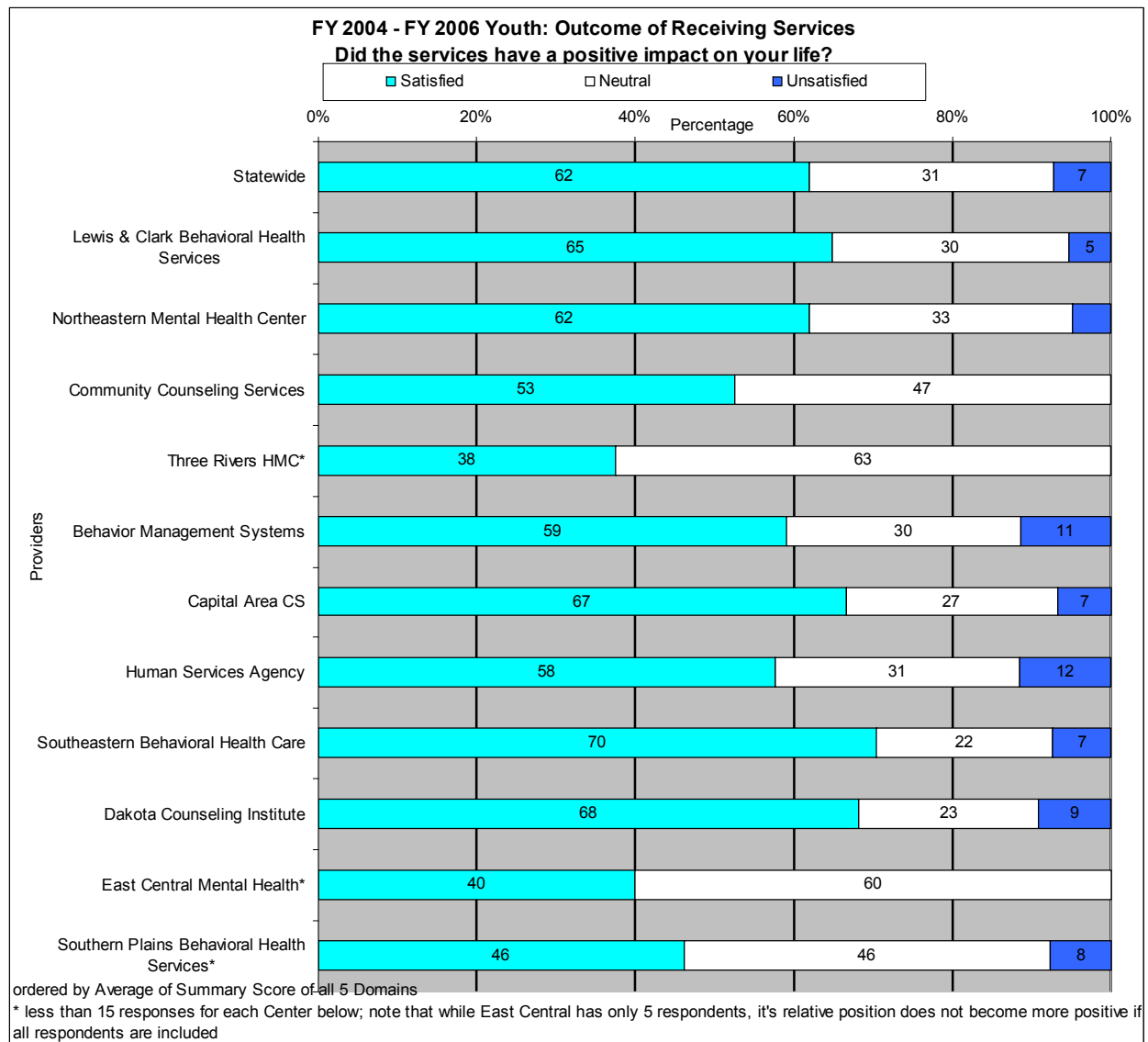
Lewis & Clark Behavioral Health Services	1.85 (57)	Human Services Agency	2.17 (26)
Northeastern Mental Health Center	1.98 (41)	Southeastern Behavioral Health Care	2.10 (27)
Community Counseling Services	2.11 (18)	Dakota Counseling Institute	2.22 (67)
Three Rivers HMC	2.10 (43)	East Central Mental Health	2.43 (5)
Behavior Management Systems	2.02 (8)	Southern Plains Behavioral Health Services	2.61 (13)
Capital Area CS	2.19 (29)	Statewide Average	2.11 (334)



For the MHSIP domain of Appropriateness, statewide 78% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 67% to 95%. More than 10% of the respondents from two Centers were ‘unsatisfied’ (see chart above). **For the four years of this survey** differences among Centers above on their average score on this domain were not statistically significant ($p > .15$).

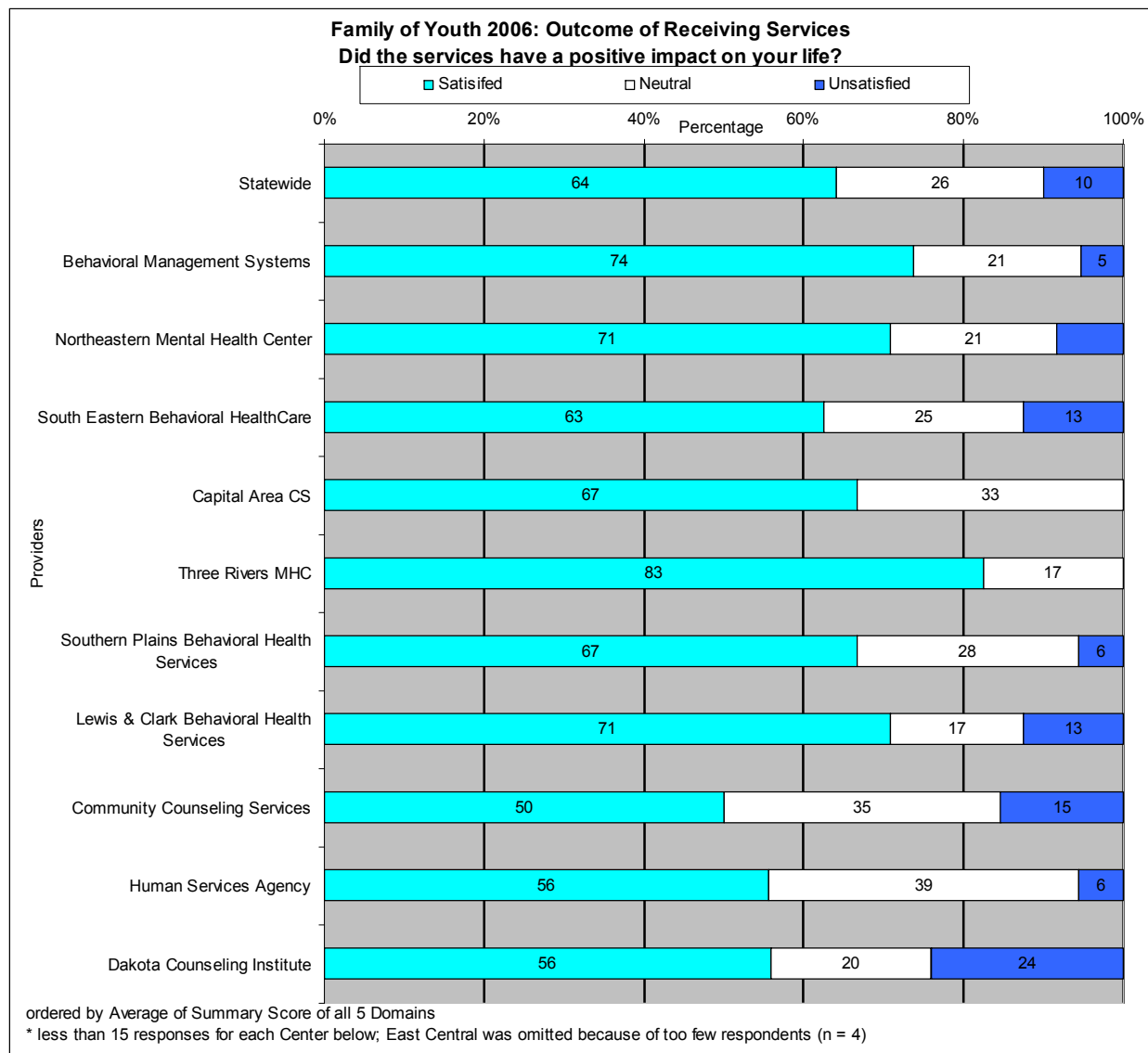
For Year 2006 the table below shows for each Center the means and number of respondents for the MHSIP domain of Appropriateness, excluding East Central.

Behavior Management Systems	1.73 (20)	Southern Plains Behavioral Health Services	1.72 (18)
Northeastern Mental Health Center	1.44 (26)	Lewis & Clark Behavioral Health Services	1.90 (24)
South Eastern Behavioral HealthCare	1.78 (16)	Community Counseling Services	1.89 (27)
Capital Area CS	1.70 (15)	Human Services Agency	1.72 (18)
Three Rivers MHC	1.91 (22)	Dakota Counseling Institute	2.36 (25)
		Statewide Average	1.84 (216)



For the MHSIP domain of Outcomes, statewide 62% of consumers reported they were satisfied. The Center satisfaction rates ranged from 38% to 70%. Only two Centers had 10% or more of their respondents unsatisfied (see chart above). **Using the entire six years of data, the differences among Centers above were not statistically significant ($p > .50$). The table below shows for each Center the means and number of respondents for the domain of Outcomes for the last three years of the Youth survey.**

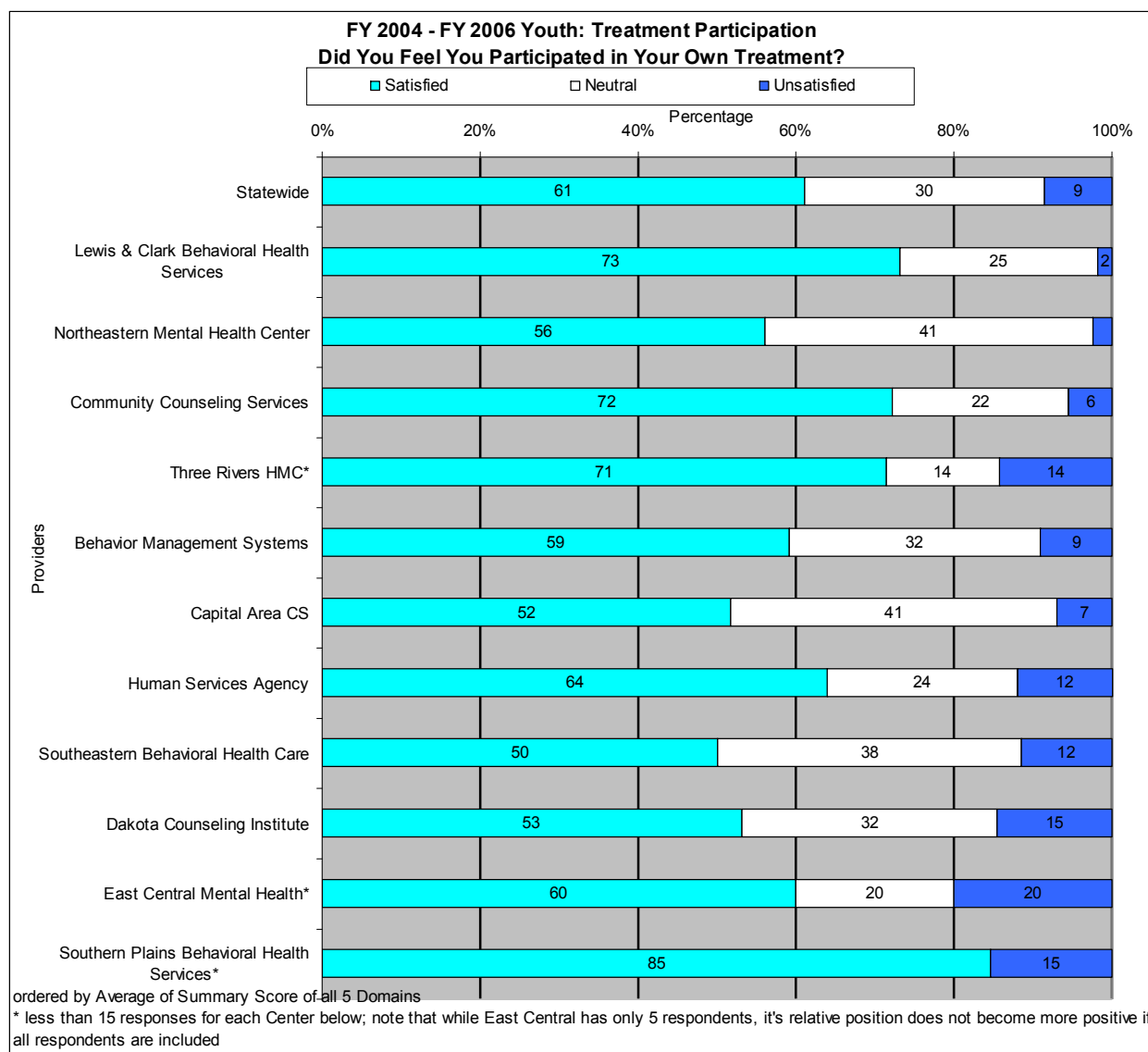
Lewis & Clark Behavioral Health Services	2.26 (57)	Human Services Agency	2.26 (26)
Northeastern Mental Health Center	2.27 (42)	Southeastern Behavioral Health Care	2.41 (27)
Community Counseling Services	2.34 (19)	Dakota Counseling Institute	2.23 (66)
Three Rivers HMC	2.26 (44)	East Central Mental Health	2.50 (5)
Behavior Management Systems	2.29 (8)	Southern Plains Behavioral Health Services	2.61 (13)
Capital Area CS	2.23 (30)	Statewide Average	2.29 (337)



For the MHSIP domain of Outcomes, statewide 64% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 50% to 83%. 20% or more of respondents from two Centers were ‘unsatisfied’ on this domain: Dakota Counseling and Capital Area (see chart above). **For the four years of this survey** reliable differences among Centers were found ($p < .05$). Post hoc tests did not show reliable differences among any of the providers, however.

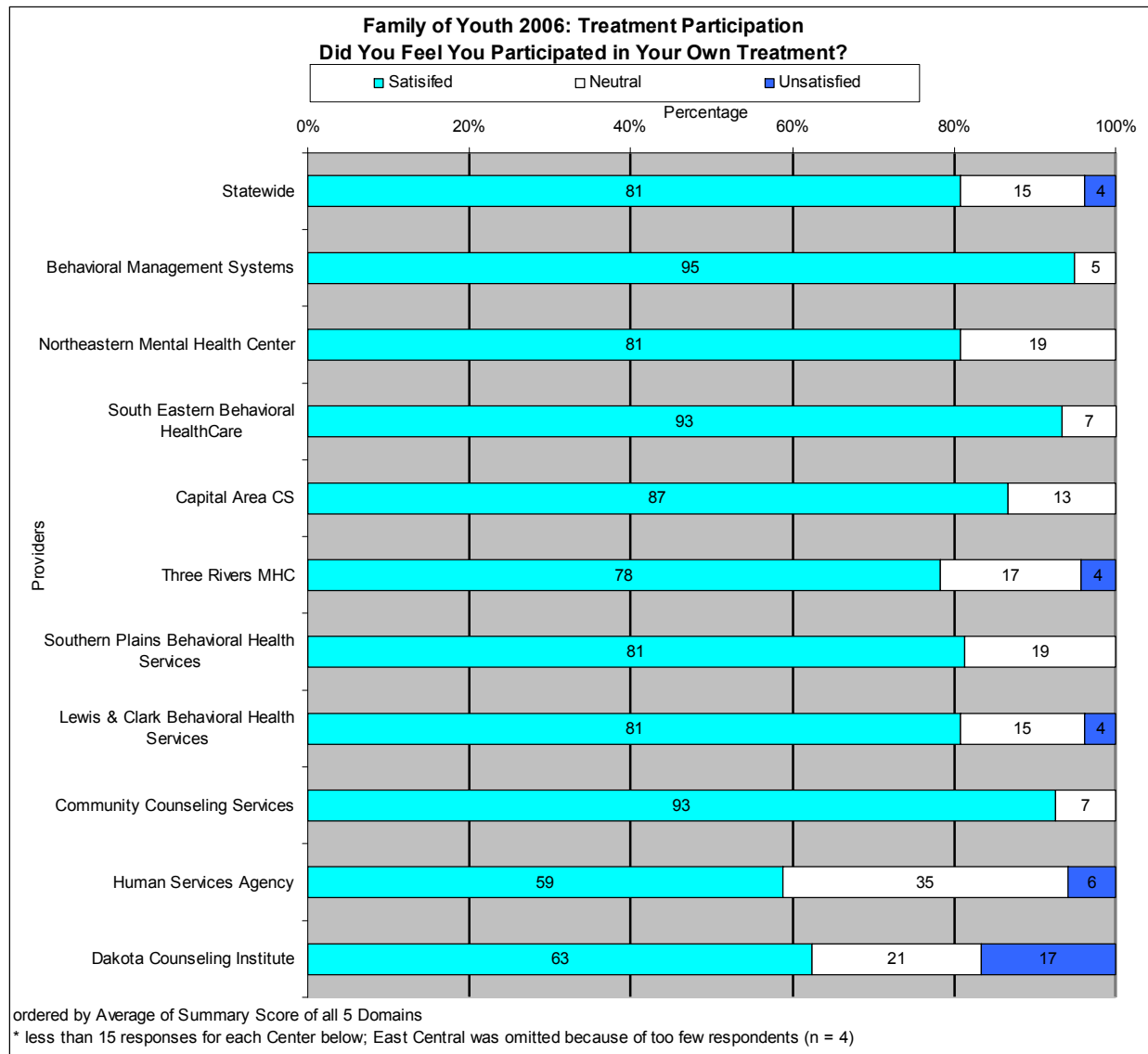
For Year 2006 the table below shows for each Center the means and number of respondents for the MHSIP domain of Outcomes.

Behavior Management Systems	2.16 (19)	Southern Plains Behavioral Health Services	2.42 (18)
Northeastern Mental Health Center	2.19 (24)	Lewis & Clark Behavioral Health Services	2.26 (24)
South Eastern Behavioral HealthCare	2.33 (16)	Community Counseling Services	2.54 (26)
Capital Area CS	2.39 (15)	Human Services Agency	2.62 (18)
Three Rivers MHC	2.14 (23)	Dakota Counseling Institute	2.60 (25)
		Statewide Average	2.38 (213)



For the MHSIP domain of Treatment Participation, statewide 61% of consumers reported they were satisfied with services. The Center satisfaction rates ranged from 50% to 85%. Six Centers had 10% of more of their respondents unsatisfied (see chart above), with East Central showing 20% of its respondents unsatisfied. **Using the entire six years of data**, the differences among Centers above were not statistically significant ($p > .05$). **The table below** shows for each Center the means and number of respondents for the domain of Treatment Participation for the three years of the Youth survey.

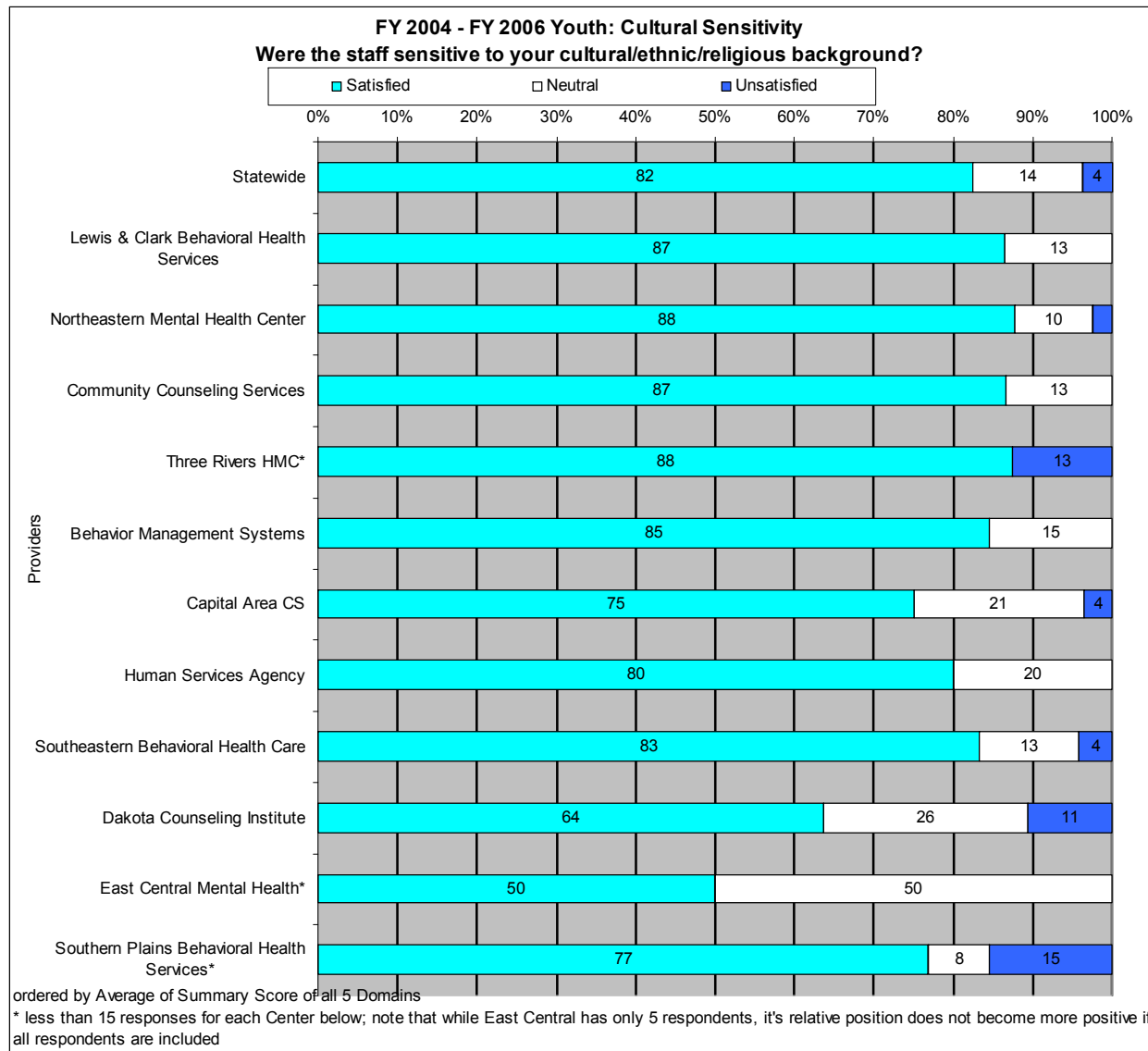
Lewis & Clark Behavioral Health Services	2.26 (57)	Human Services Agency	2.26 (26)
Northeastern Mental Health Center	2.27 (42)	Southeastern Behavioral Health Care	2.41 (27)
Community Counseling Services	2.34 (19)	Dakota Counseling Institute	2.23 (66)
Three Rivers MHC	2.26 (44)	East Central Mental Health	2.50 (5)
Behavior Management Systems	2.29 (8)	Southern Plains Behavioral Health Services	2.61 (13)
Capital Area CS	2.23 (30)	Statewide Average	2.29 (337)



For the MHSIP domain of Treatment Participation, statewide 81% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 59% to 95%. Only one of the Centers had more than 10% of their respondents unsatisfied (see chart above). **For the four years of this survey**, differences among Centers above on their average score on this domain were statistically significant ($p < .05$). Post hoc tests did not show reliable differences among any of the providers, however.

For Year 2006 the table below shows for each Center the means and number of respondents for the MHSIP domain of Treatment Participation.

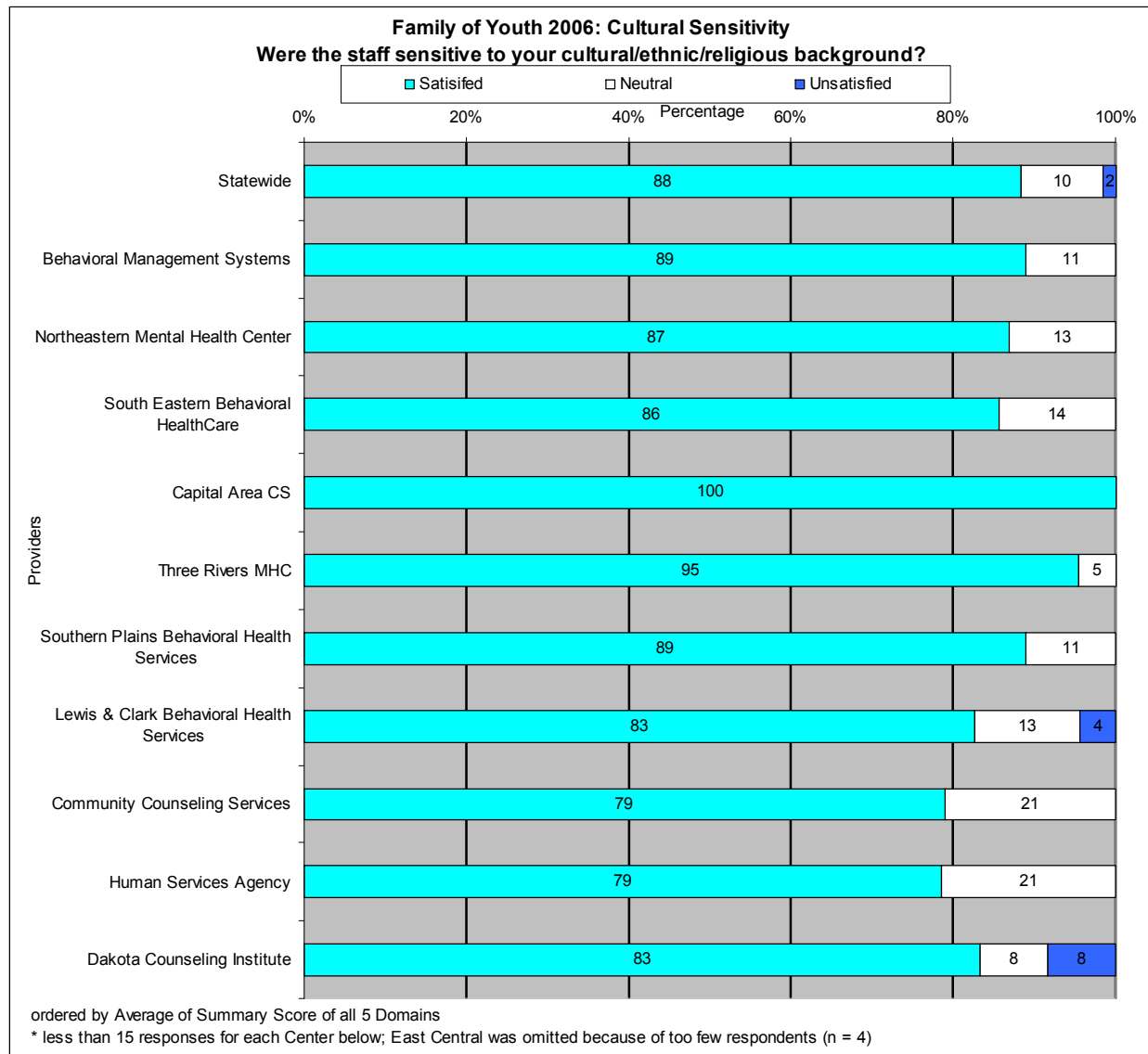
Behavior Management Systems	2.16 (19)	Southern Plains Behavioral Health Services	2.42 (18)
Northeastern Mental Health Center	2.19 (24)	Lewis & Clark Behavioral Health Services	2.26 (24)
South Eastern Behavioral HealthCare	2.33 (16)	Community Counseling Services	2.54 (26)
Capital Area CS	2.39 (15)	Human Services Agency	2.62 (18)
Three Rivers MHC	2.14 (23)	Dakota Counseling Institute	2.60 (25)
		Statewide Average	2.38 (213)



For the MHSIP domain of Cultural Sensitivity, statewide 82% of consumers reported they were satisfied. The Center satisfaction rates ranged from 50% to 88%. Three providers had 10% of more of their respondents unsatisfied (see chart above). **Using the entire six years of data**, the differences among Centers above were statistically significant ($p < .05$). Post hoc tests did not show reliable differences among any of the providers, however.

The table below shows for each Center the means and number of respondents for the domain of Cultural Sensitivity for the three years of the Youth survey.

Lewis & Clark Behavioral Health Services	1.76 (52)	Human Services Agency	1.90 (25)
Northeastern Mental Health Center	1.71 (41)	Southeastern Behavioral Health Care	1.95 (24)
Community Counseling Services	1.79 (15)	Dakota Counseling Institute	2.23 (66)
Three Rivers MHC	1.81 (39)	East Central Mental Health	2.19 (4)
Behavior Management Systems	1.91 (8)	Southern Plains Behavioral Health Services	2.48 (13)
Capital Area CS	1.91 (28)	Statewide Average	1.94 (315)



For the MHSIP domain of Cultural Sensitivity, statewide 88% of “family” members of consumers reported they were satisfied. The Center satisfaction rates ranged from 79% to 100%, an excellent result. None of the Centers had as many as 10% of their respondents unsatisfied, also an excellent outcome. **For the four years of this survey**, differences among Centers above on their average score on this domain were statistically significant ($p=.002$). Respondents with children and youth receiving services from East Central (mean of 1.35), Three Rivers (1.58), and Capitol Area (1.63) were reliably more satisfied than those receiving services from Dakota Counseling (2.09).

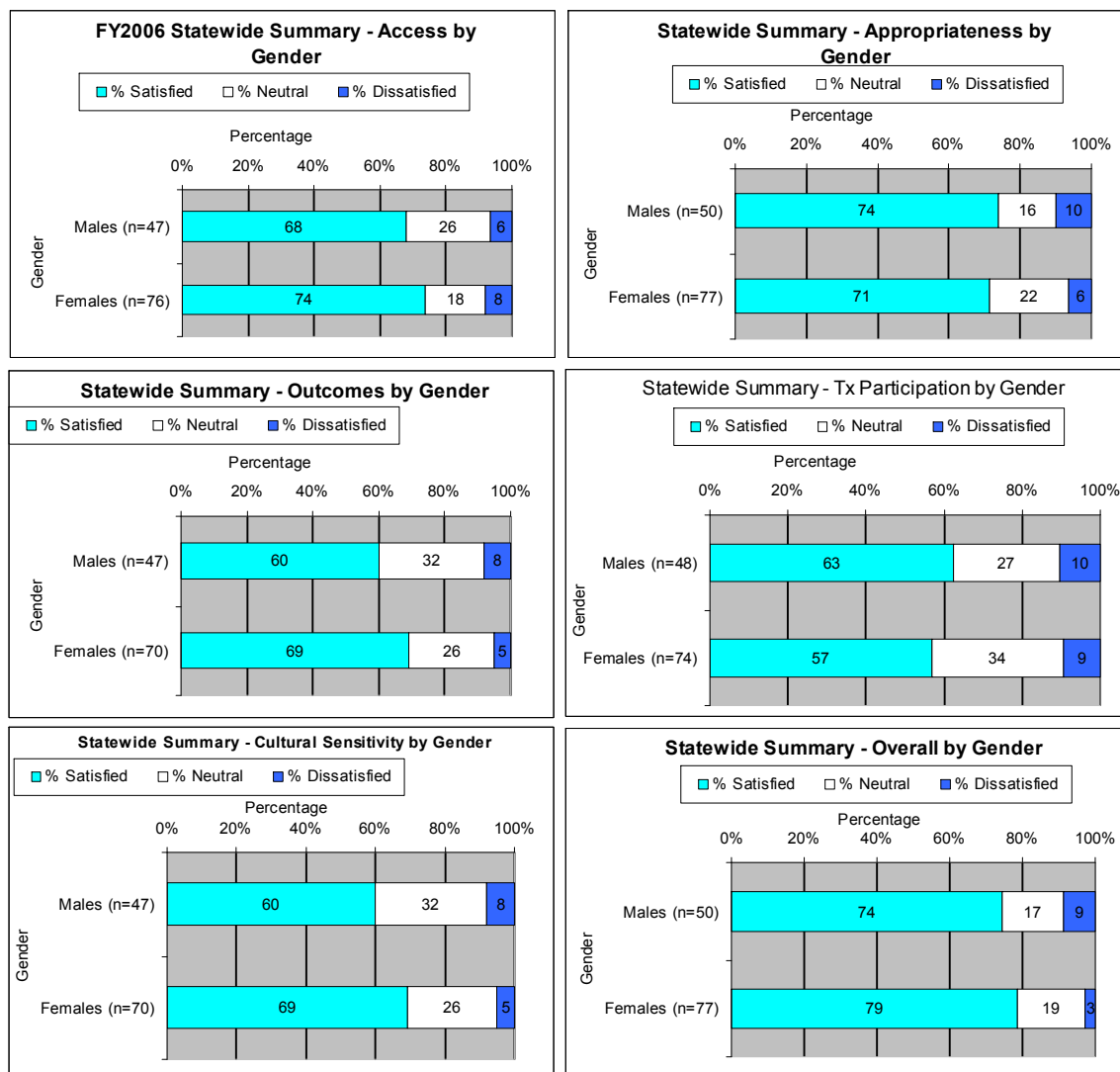
For Year 2006 the table below shows for each Center the means and number of respondents for the MHSIP domain of Cultural Sensitivity.

Behavioral Management Systems	1.56 (18)	Southern Plains Behavioral Health Services	1.58 (18)
Northeastern Mental Health Center	1.60 (23)	Lewis & Clark Behavioral Health Services	1.70 (23)
South Eastern Behavioral HealthCare	1.65 (14)	Community Counseling Services	1.79 (19)
Capital Area CS	1.48 (13)	Human Services Agency	1.79 (14)
Three Rivers MHC	1.67 (22)	Dakota Counseling Institute	2.01 (24)
		Statewide Average	1.70 (191)

Demographics (Cultural Competence of Care)

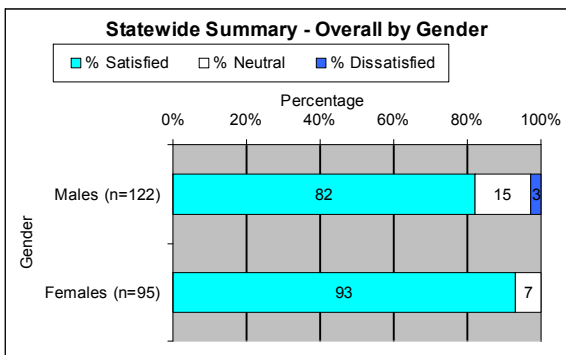
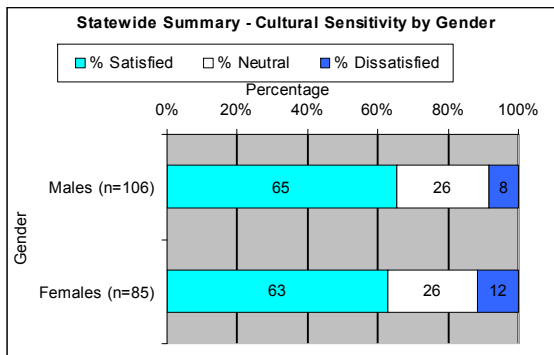
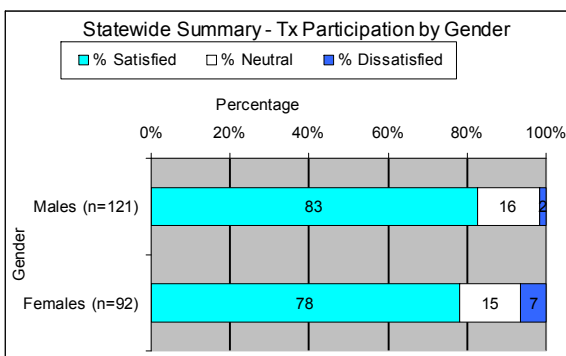
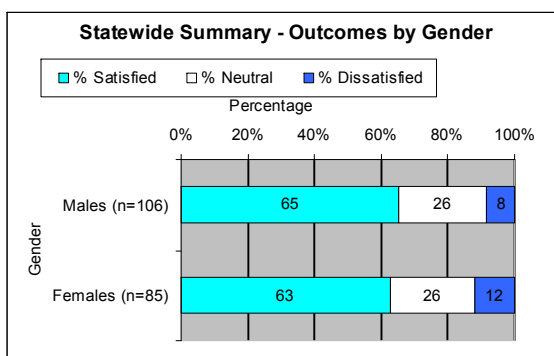
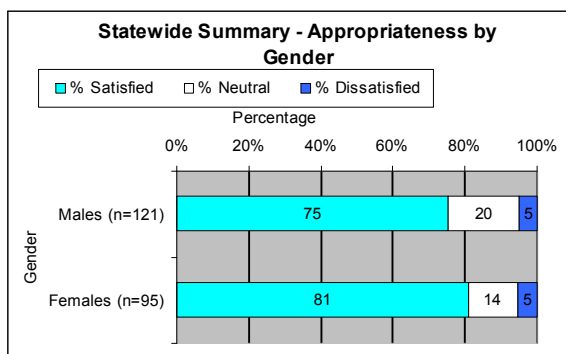
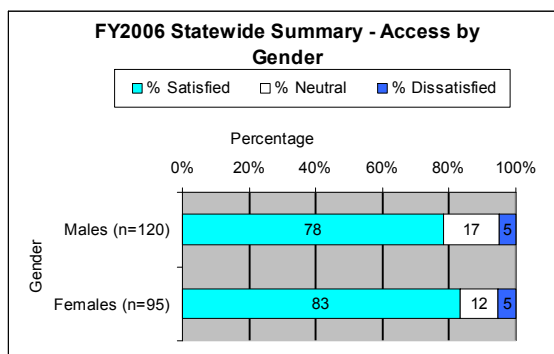
In the following section, findings will be presented that compare and contrast different groups of respondents on each of their five domain scores and on the MHSIP overall. The groups to be contrasted include Gender (males vs. females), Race/Ethnicity (white non-Hispanics compared to all others), whether Still Receiving Services from the Center (those that are vs. those that are not), and Reason for Entering Treatment (Voluntary vs. Suggested by Others vs. Forced to Receive Services).

Youth: As already reported fifty (39%) of the youth were male and seventy-eight (61%) were female. A visual inspection of these charts shows no consistent pattern of differences between males and females. The statistical analyses that follow will help determine whether differences on one or more of the MHSIP domains do in fact exist.



A set of analyses were carried out for Year 2006 youth consumers comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses there was no evidence of differences as a function of gender ($p > 0.40$ in all cases). Findings from combining data from all six years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall ($p > .35$ or beyond). Thus it seems safe to conclude that reliable gender differences do not exist.

Family of Children and Youth: As already reported, one hundred twenty-one children and youth (56%) in this sample were male and ninety-six (44%) were female. One respondent did not provide this information. A visual inspection of these charts shows no consistent pattern as a function of gender. The statistical analyses that follow will help determine whether any of the differences shown below were reliable.

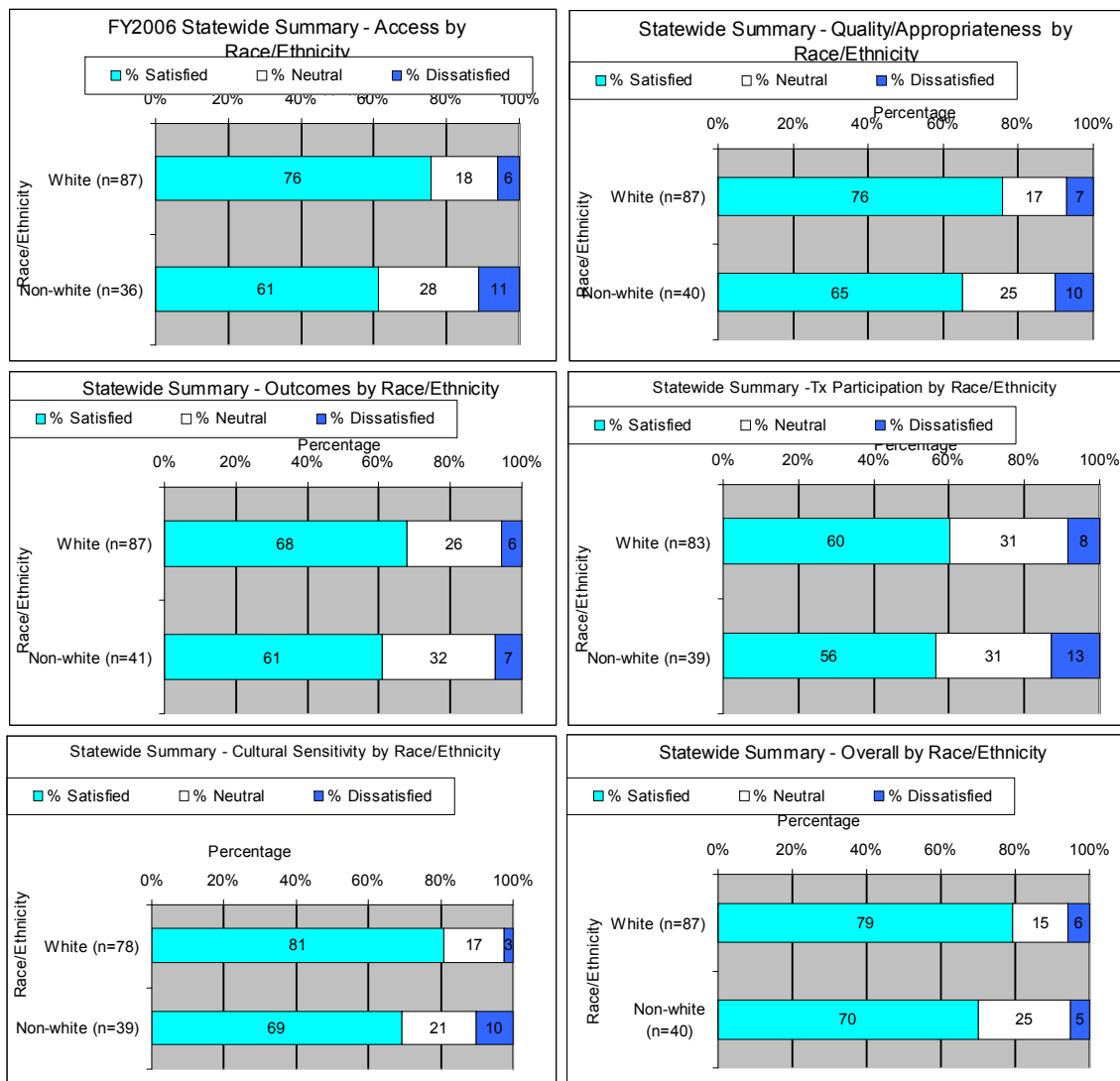


A set of analyses were carried out for Year 2006 family of children/youth respondents comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. Without exception no evidence was found for differences as a function of gender ($p > 0.10$ or greater in all cases). Findings from combining data from the four years of this survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall with one exception, the domain of Treatment Participation. Parents/Guardians of male compared to female youth were more satisfied with the extent they could participate in treatment decisions (means of 1.89 vs. 2.04 respectively, $p < .01$). This finding, however, is smaller than was the case last year and now represents less than a small effect size. Thus this one difference between genders is no longer clinically meaningful.

Evaluation of Services by Race/Ethnicity

Youth: For the purpose of this analysis, youth were divided in two groups: those who were White-non-Hispanic as compared to those who were non-White. Eighty-seven (68%) of the youth were white, non-Hispanic and forty-one (32%) were non-white. All respondents indicated their race/ethnicity. A visual inspection of these charts showed substantial differences indicating white-non-Hispanics compared to non-whites were more likely to be satisfied on all MHISP domains. The statistical analyses that follow will help determine whether these were ‘real’ findings.

A set of analyses were carried out for Year 2006 youth consumers comparing whites and non-whites on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses there was no evidence of differences associated with race/ethnicity ($p > .25$ or beyond).

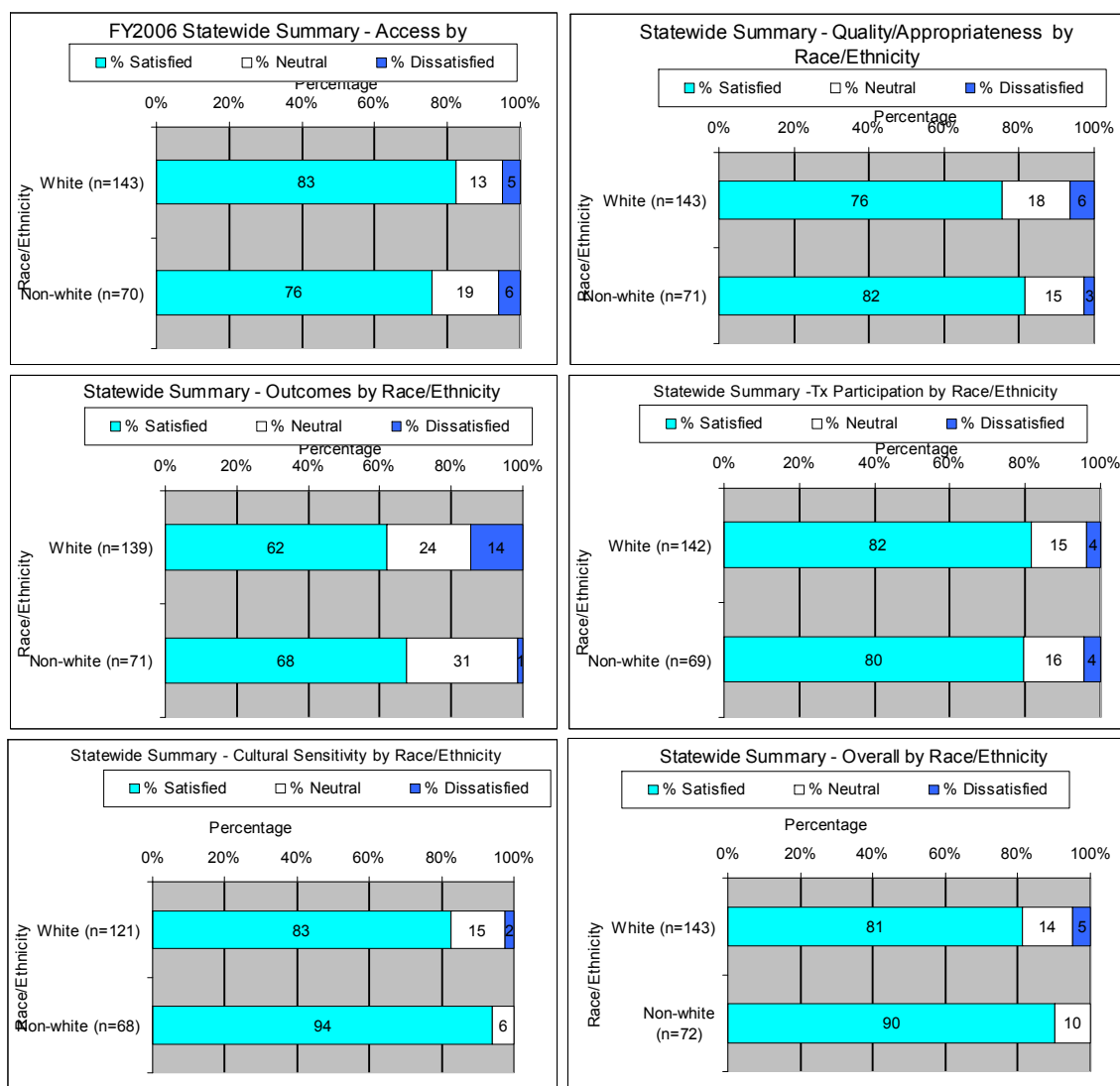


Findings from combining data from all years of the survey indicated that there were reliable differences on two of the MHSIP subscale domains, Access and Treatment Participation. The effect size for both findings was below small, however, leading to the conclusion that these were not clinically meaningful differences. Thus the most likely conclusion to draw to date is that there are no meaningful differences among the youth population associated with race/ethnicity.

Rather these statistically significant differences are occurring because of the large number of youth in each of the two groups.

Family of Children and Youth: For the purpose of this analysis children and youth were divided in those who were White non-Hispanic as compared to non-White. As already reported one hundred forty-four children and youth (67%) in this sample were white, non-Hispanic and seventy-three (33%) were non-white. This information was available in all but one case. A visual inspection of the charts below showed strong but inconsistent differences between parents/guardians of white compared to non-white children/youth. The statistical analyses that follow will help determine whether these were ‘real’ findings.

A set of analyses were carried out for Year 2006 family of children/youth respondents comparing whites to non-whites on their average MHSIP domain scale scores and on MHSIP Overall. There was no evidence of differences as a function of race/ethnicity ($p > 0.10$ in all these cases).

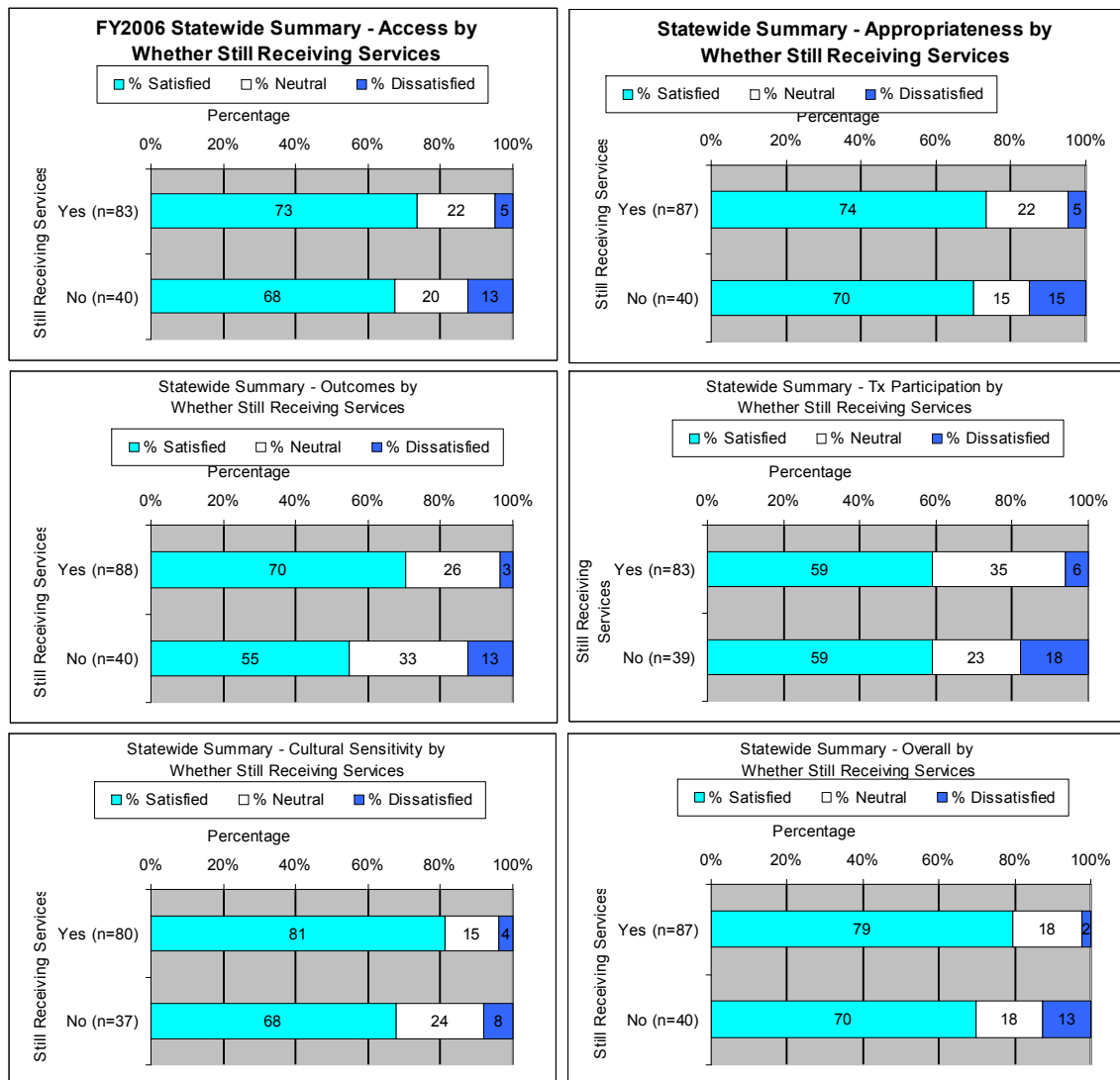


Findings from combining data from all four years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall ($p > .09$ in all cases). Thus there is little evidence to suggest that there are reliable, meaningful differences as a function of race/ethnicity.

Evaluation of Services by Whether Still Receiving Services from Center

Youth: Eighty-eight youth (69%) reported that they were still receiving services from the Center while forty (31%) reported that they no longer receiving services. All youths answered this question. This is an increase from of 22% to 31% in the percentage of youth who report they no longer received services.

A visual inspection of these charts showed possible differences on a number of the MHISP domains. The statistical analyses that follow will help determine whether this was a 'real' finding.

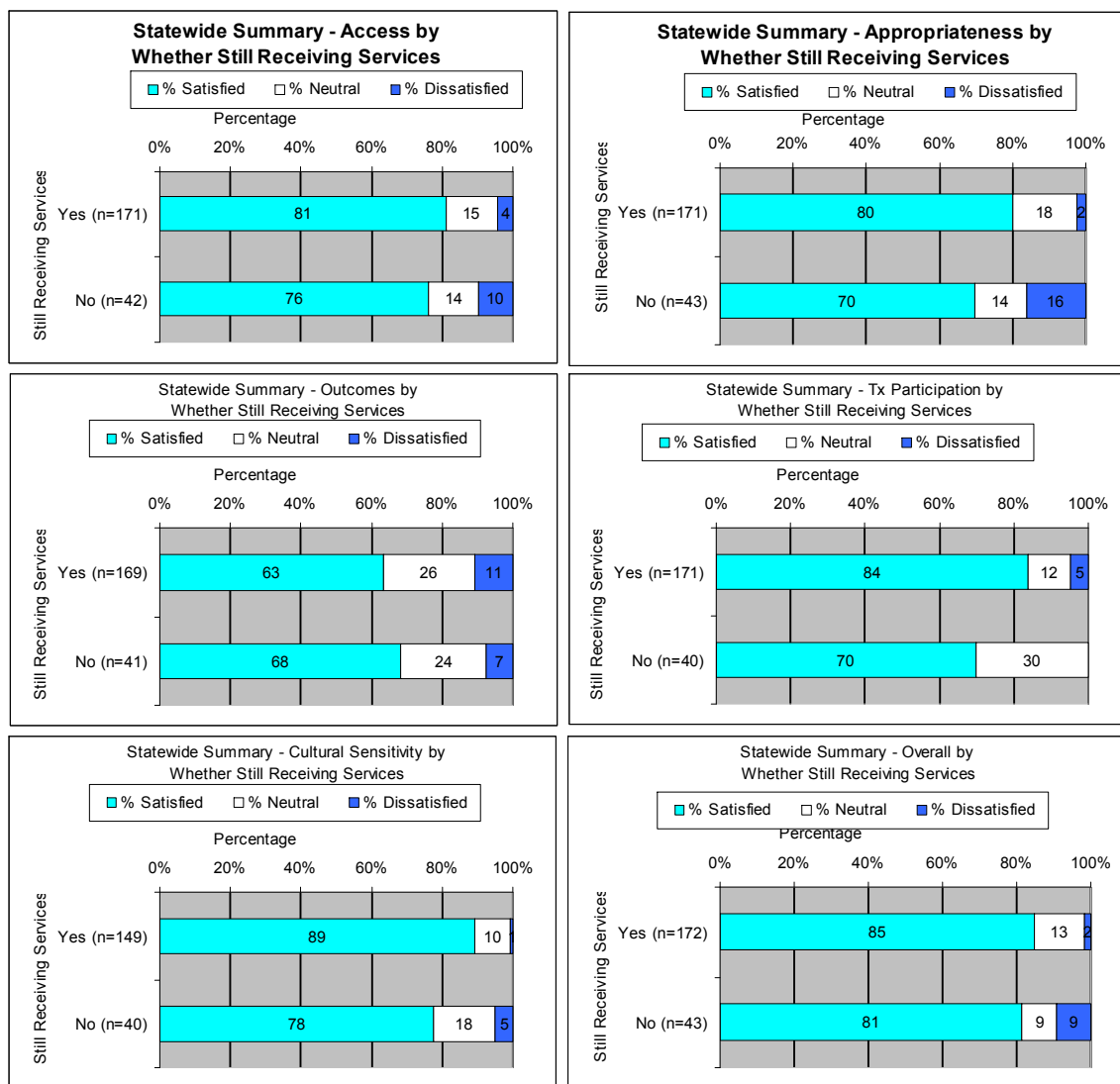


A set of analyses were carried out for Year 2006 youth consumers comparing those who reported that they were still receiving services to those who reported they were not. There were no statistically significant differences found ($p > .05$ or beyond in all cases).

As was the case last year, findings from combining data from all available years of the survey found statistically significant differences indicating those still receiving services were more satisfied on all domains except Outcomes and for the MHSIP Overall ($p < .05$ and beyond). Means for MHSIP Overall were 2.16 vs. 2.36 respectively. In all cases effect sizes ranged from small to small-medium.

Thus for the entire sample those youth still receiving services compared to those who are not were significantly more satisfied with services in almost all MHSIP domains as well as for MHSIP overall. The domain in which there was the smallest difference ($p > .50$, not statistically significant) between these two groups was for Outcomes.

Family of Children and Youth: One hundred seventy-three parents/guardians of children or youth (80%) were still receiving services from the Center with the remainder, forty-three (20%) reported that they no longer receiving services. Three respondents did not answer the question and were not included in this analysis. A visual inspection of these charts shows likely differences on several MHISP domains favoring those who were still receiving services in all cases but one. The statistical analyses that follow will help determine whether any of these are a 'real' finding.



A set of analyses were carried out for Year 2006 parents/guardians of children/youth consumers comparing those who reported that they were still receiving services to those who reported they were not. With one exception, differences between those still receiving services compared to those who were not receiving services were not statistically significant ($p > .10$). The one exception was for the domain of Quality/Appropriateness; those parents/guardians whose children/youth were still receiving services compared to those who were not receiving services

were significantly more satisfied (means of 1.89 vs. 2.19, $p < .05$). This difference represents a small/medium effect size.

As was the case last year, findings from combining data from all four years of the survey found statistically significant differences. This indicated that parents/guardians of those children/youth still receiving services compared to those who were not were more satisfied on all domains ($p < .001$ or beyond) except for Access and Outcomes ($p > .15$) and for the MHSIP Overall ($p < .01$). Means for MHSIP Overall were 1.97 vs. 2.15 respectively, the same difference as last year. Effect sizes ranged from small to small-medium in all cases.

Thus it appears reasonable to conclude that those parents/guardians whose children/youth who were still receiving services were statistically more satisfied compared to those who reported that they were no longer receiving services on the majority of the MHSIP domains as well as MHSIP Overall.

Evaluation of Services by How Became Involved

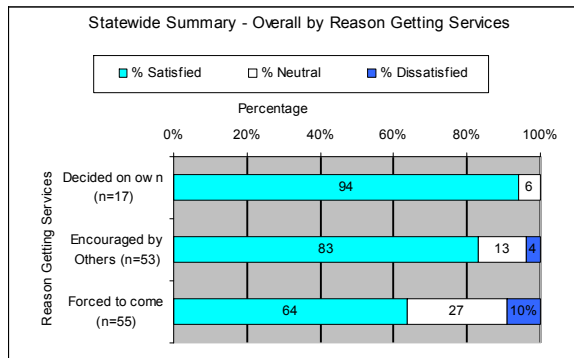
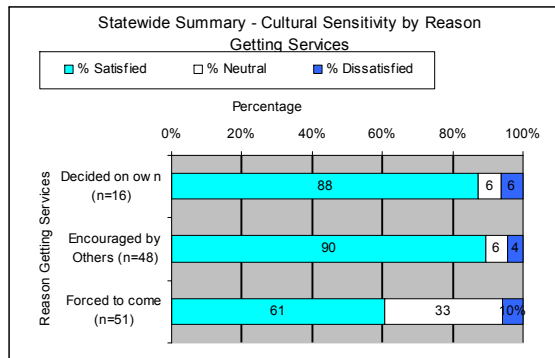
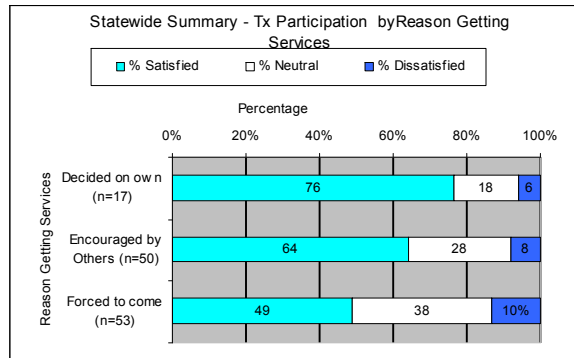
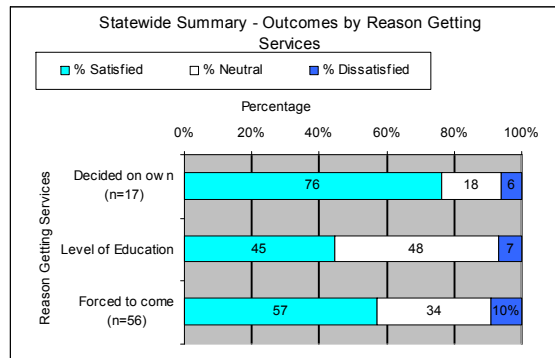
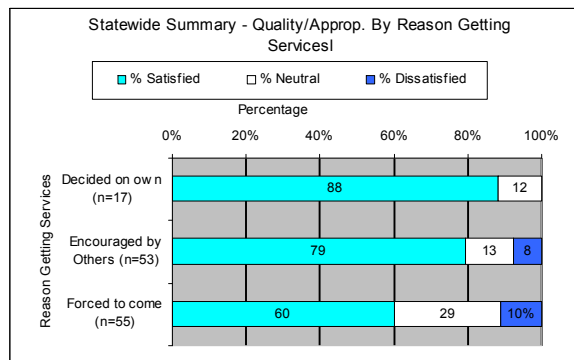
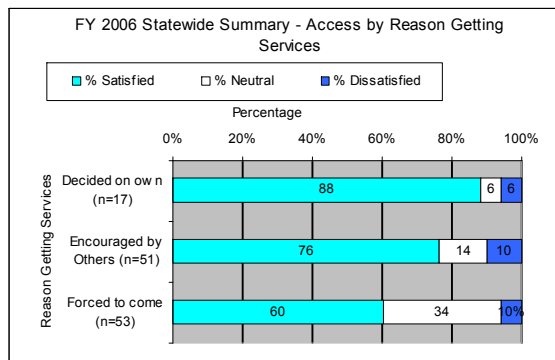
Mental health centers differ in their mix of clients. One factor that may make a difference is the consumer's reason for getting mental health services or the parent/guardians reason for arranging for services for their child or youth. Starting with Year 2003, parents or guardians of children and youth consumers were asked to indicate whether they had chosen to receive mental health services for their children/youth themselves, whether they had been encouraged by others, or whether their children/youth were forced to receive such services. Starting with Year 2004, this question was included in the Youth survey as well.

Youth: Only a small percentage of youths reported that they had chosen to get services ($n = 17$, 13.5%); this was about the same percentage as last year. The remaining youths who answered were split between the other two categories: fifty-three (41.4%) reported that they had been encouraged by others; fifty-six (43.8%) reported they were forced to come. Only two (1.6% of the total sample) did not answer this question.

The distribution of Youth responses on this question was much more similar to the Parent/Guardian population (see below) than compared to the adult populations surveyed. A much higher percentage of the adult population reported that they had chosen to receive services, and a much lower percentage indicated that they had been forced to receive services.

A visual inspection of these charts shows possible differences on all MHSIP domains, such that those who chose to get services appear substantially more likely to be satisfied than those who were forced to come. The statistical analyses that follow will help determine which if any of these differences if any represent a 'real' finding.

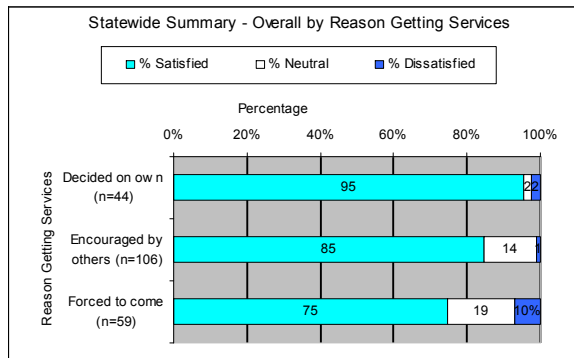
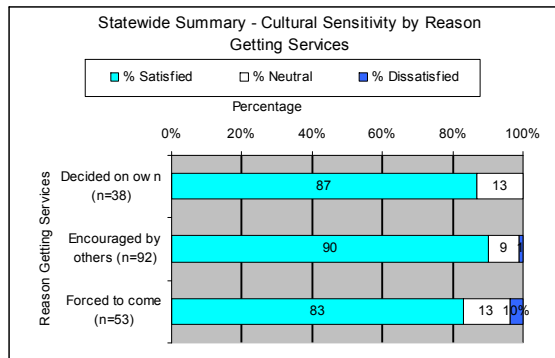
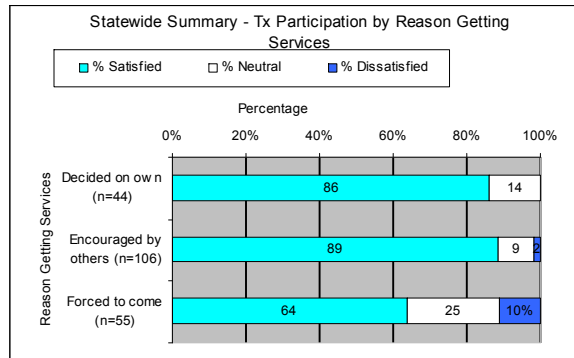
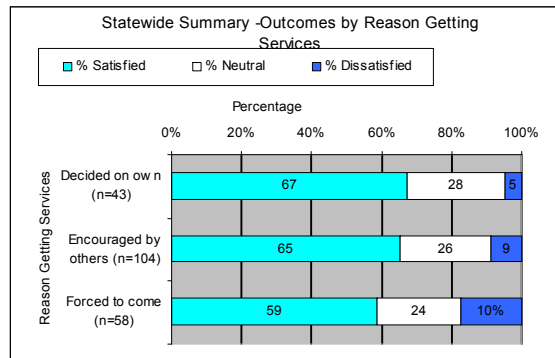
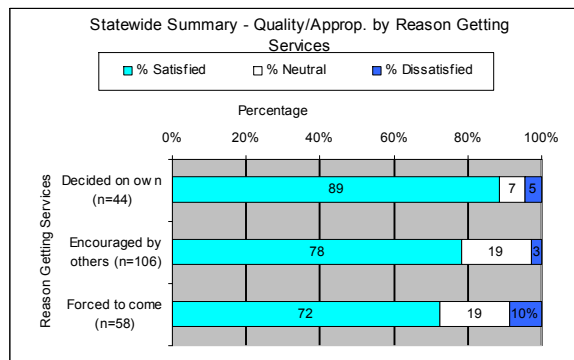
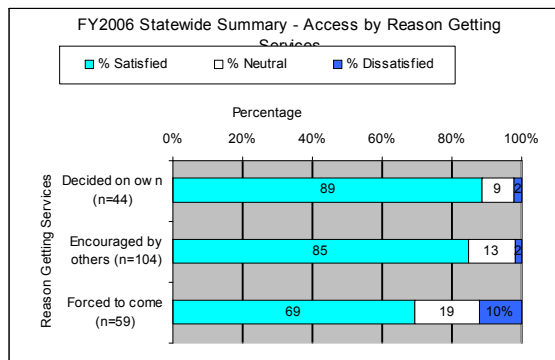
In contrast to last year's data there were no statistically significant differences found on any of the domains nor for MHSIP Overall ($p > .10$ and beyond). The results from combining all available years, however, shows exactly the pattern expected. There were statistically significant differences in the mean level of satisfaction for all domains as well as MHSIP Overall ($p < .05$ and beyond). For all measures except the domain of Access and Outcomes, those youth who chose to or were recommended to come were significantly more satisfied than those who reported they were forced to come. For the domains of Access and Outcomes, those youth who chose to come were significantly more satisfied.



Family of Children and Youth: As was the case for the previous two years, for Year 2006 only a small percentage of respondents (forty-four, 21.0%) said that they chose to get services for their child/youth. Almost half, (one hundred seven, 51.0%) reported that were encouraged to get such services for their child/youth, while slightly more than one-quarter (fifty-nine, 26.9%) reported that they were forced to obtain services for their child/youth. Nine parents/guardians (4.1% of total) chose not to answer this question; those who did not answer were not included in the charts below.

A visual analysis of the charts below indicated that those who reported that they chose services or were encouraged to start services for their child/youth were more satisfied than those who were forced to receive services for their child/youth. The statistical analyses that follow will help determine whether this was a 'real' finding.

A set of analyses was carried out for Year 2006 parents/guardians of children/youth consumers comparing the three groups just described. There were statistically reliable differences for several MHSIP domains (Access and Treatment Participation, and for MHSIP Overall ($p < .01$ and beyond). Post hoc tests showed that in all cases those respondents who reported that they had decided on their own that their youth/child would get services were significantly more satisfied than those who reported that they were forced to receive services.



Findings from combining data from the last three year's survey with those of this year found differences on all domains and on MHSIP overall ($p < .01$ or beyond in all cases). Post hoc analyses showed the expected pattern found with adult consumers. Those who reported deciding that their child/youth needed services were substantially more likely to be satisfied than those who reported that they were encouraged by others. In turn, both groups were significantly more likely to be satisfied than those who reported that they were 'forced to come'.

Discussion and Implications

Historically, Centers have valued input from consumers and family by conducting surveys requesting an evaluation of services. They are to be commended for this, as well as for taking another step by using the MHSIP consumer survey in a statewide random sample of adult and youth consumers and of families with children or youth receiving services. The introduction in FY 2003 of this last survey has been a worthwhile addition to past efforts.

The MHSIP consumer survey is continuing to be implemented nationally by State mental health authorities. It was also largely included in the recommendation by the American College of Mental Health Administration in collaboration with the nation's five leading accrediting organizations in behavioral health, to reach agreement on a core common set of performance indicators and measures for the field <http://www.acmha.org/work.htm>.

The Family of Children and Youth survey serves very well as a baseline assessment of the quality and outcome of services for the State from the perspective of this group of stakeholders.

Two years ago a question was added to determine who was filling out the questionnaire for the children and youth who were receiving services. As was the case in the last two years almost three-quarters of the respondents were parents, followed by “others” (e.g., foster parents), staff persons, guardians, and relatives. Over these three years, it appears that parent respondents compared to the other groups do not differ in their average level of satisfaction.

This is the sixth year that the youth survey has been conducted. It has consistently had the fewest returns, both because there are fewer adolescent than adult clients and because it has the lowest completion rate of the three surveys. The return completion rate was 19.3% this year, virtually the same rate as two years ago. The switch back to a second mailing rather than the single mailing used last year appears to have restored the previously high return rate.

An analysis of changes in Youth responses over the six years of the survey indicated that no reliable differences have emerged on any of the MHSIP domains. While in previous years there were indications of a positive trend in the pattern of scores for Appropriateness and Cultural Sensitivity, this no longer seems to be the case. Rather it appears that the means for a given domain and for MHSIP overall are varying within a relatively narrow range.

This is the fourth year for the survey of Family of Children and Youth. The return completion rate for this year was 26%, an excellent result. As was true with the Youth survey the switch back to two mailings has restored the return rate to its previous high level.

A similar analysis for trends was done for the sample of Family of Children and Youth respondents for the four years of data that was available as was done for Youth. No differences between the four cohorts of respondents were found on any of the MHSIP domains.

For both groups an analysis of results for different demographic groups showed few statistically significant differences when using this year's sample alone or when using all available respondents. No gender differences were found in either sample. Nor were there reliable differences when comparing satisfaction rates for White non-Hispanic vs. non-White clients. This latter finding is evidence for the cultural competence of Center staff as a whole.

It was not possible to compare Centers using FY 2006 data from the Youth survey. Not nearly enough providers had 15 or more respondents reply to the survey. For this reason the Youth survey presented data that compared the Centers over the last three years of the Youth survey.

Few reliable differences were found when comparing Centers for Youth over the six years of the survey. An overall effect was found for Youth in the domain of Access only.

There were a greater number of differences found among the Centers for the Family/Guardian survey when using data from all four surveys. Significant differences among Centers were found

for the MHSIP Overall Summary Scores, and for the domains of Access, Outcomes and Cultural Sensitivity. In some but not all cases reliable differences among Centers were found.

An intriguing finding was that among this year's respondents there was a relatively large percentage of youth (31%) who reported that they were no longer receiving services. This is the largest percentage in the six years of this survey. Like adult consumers, youth did differ in their rating of services provided depending on whether they were still receiving services. While no differences were found in this year's sample, in the combined sample those who reported that they were still receiving services rated services more positively compared to those who reported that they were no longer receiving services. This held true for all the measures assessed except for the domain of Outcomes and MHSIP Overall.

The survey of parents/guardians of children and youth for the last four years showed a very similar pattern. There were reliable differences for all domains except for Outcomes and MHSIP Overall. Thus it appears reasonable to conclude that there are meaningful effects for all three populations surveyed in the range of small to medium effect sizes. These results indicated that those who reported that they were still receiving services were more satisfied compared to those who reported that they were no longer receiving services. If South Dakota made such a request it would be interesting to do a more detailed analysis to attempt to determine which domains and issues are most strongly related to differences among groups on the one hand, and which domains and issues appear not to be associated with differences between these two groups.

Parents/guardians were asked how their children became involved with services. Youth were asked how they 'decided' to begin receiving services. In contrast to the adult consumer populations relatively few parents/guardians or youth reported that they chose these services. Rather both groups reported in large numbers that they had either been encouraged to receive services on the one hand, or had been forced to receive services on the other.

Reliable differences were found for Youth in their level of satisfaction for all domains as well as MHSIP Overall ($p < .05$ and beyond). For all measures those youth who chose services were significantly more satisfied than those who reported they were forced to come. Parents/Guardians of children and youth showed the same pattern.

As has been said previously the State would derive several benefits from continuing this survey annually. Differences that existed among Providers of mental health services to youth were still not as discriminating as would be desired even when all samples were combined. Furthermore conducting this survey annually allows the State to assess the existence of trends on the various MHSIP domains for both groups of respondents.

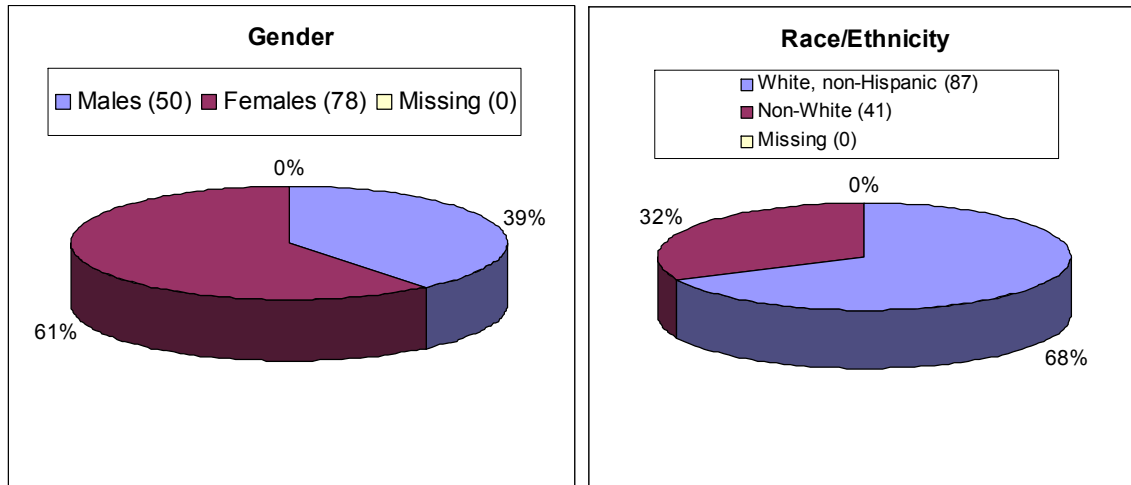
Thus one challenge now is for the State is to continue to increase the number of respondents who take this survey. This can best be done by a) continuing to replicate of the survey each year, b) to the extent possible increase the number of youth respondents from each of the Centers, and c) continuing the survey for Families of Children and Youth. Over several years this would allow the State to determine if true differences among the Centers exist in each of these populations. It would also continue to allow the Department to monitor possible statewide trends in responses to the MHSIP survey.

It would also be desirable to go beyond consumer surveys and get a broader picture of the performance of the Centers by assessing other data kept by the State's MIS systems. Such additional analyses could include penetration rates of the Providers, analysis of the services provided, and recidivism rates of their consumers. Such additional analyses would allow an assessment of the relative strengths and weaknesses of each of the regions of the State.

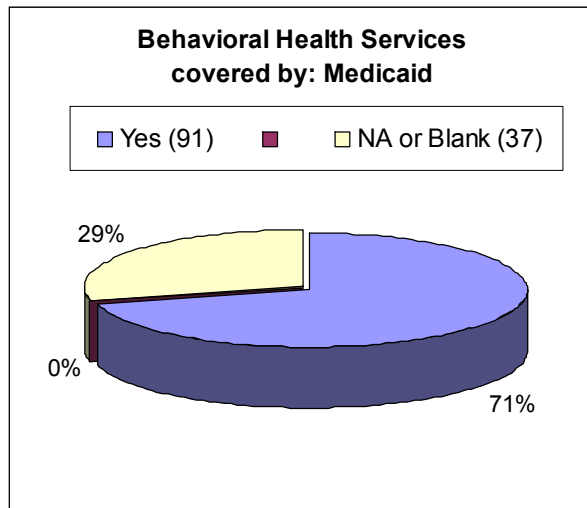
Appendix A.

Youth 2006 Survey: Results from Demographic Questions on Survey

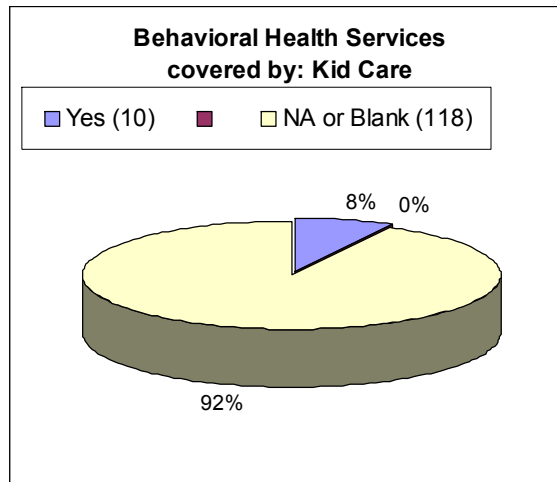
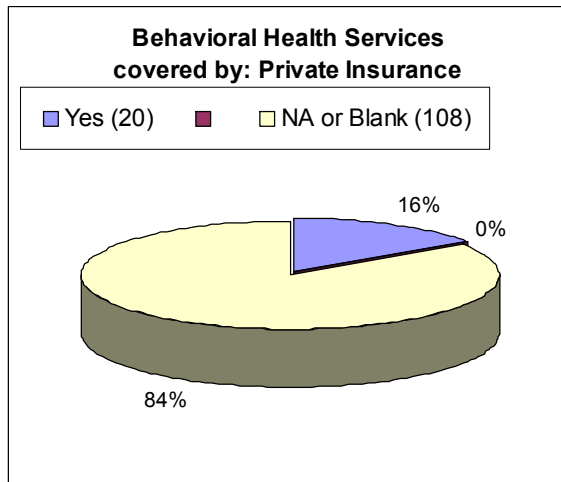
Gender and Race/Ethnicity



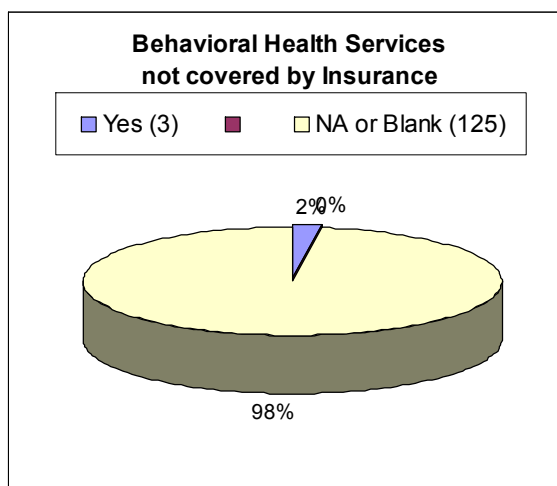
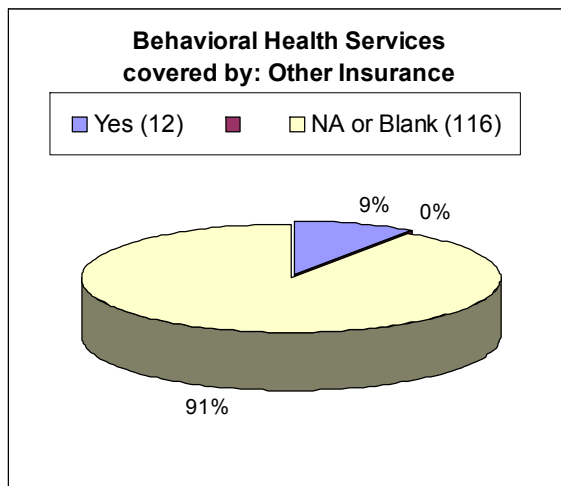
Whether Covered by Medicaid Insurance:



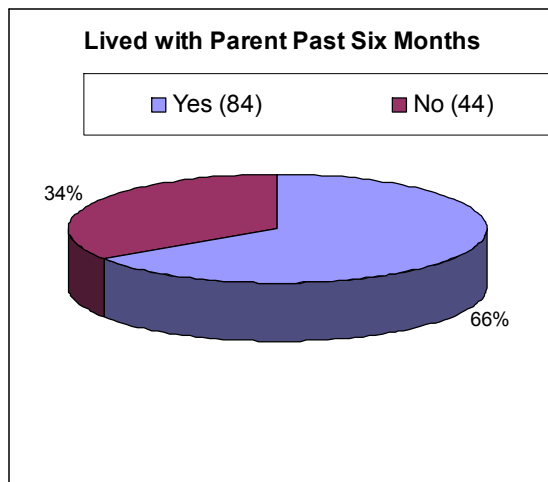
Whether have Private Insurance or Whether have Kid Care:



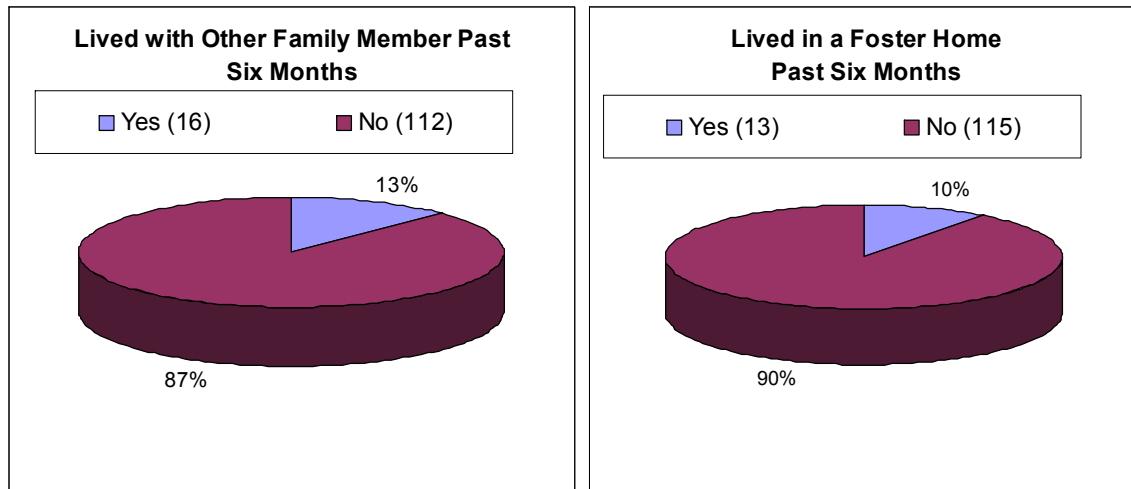
Whether have Other Insurance or Have No Insurance:



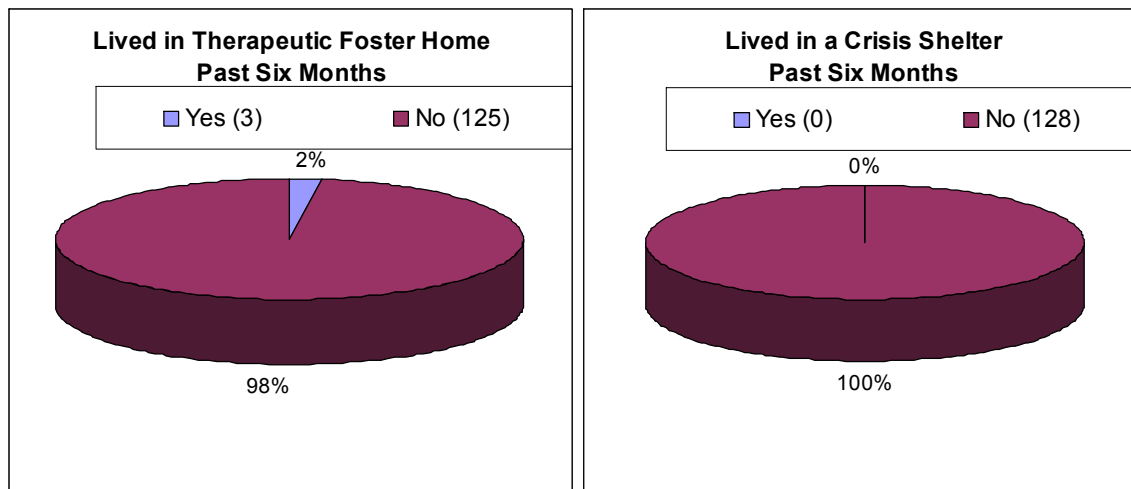
Whether Youth Lived with Parents in Past Six Months



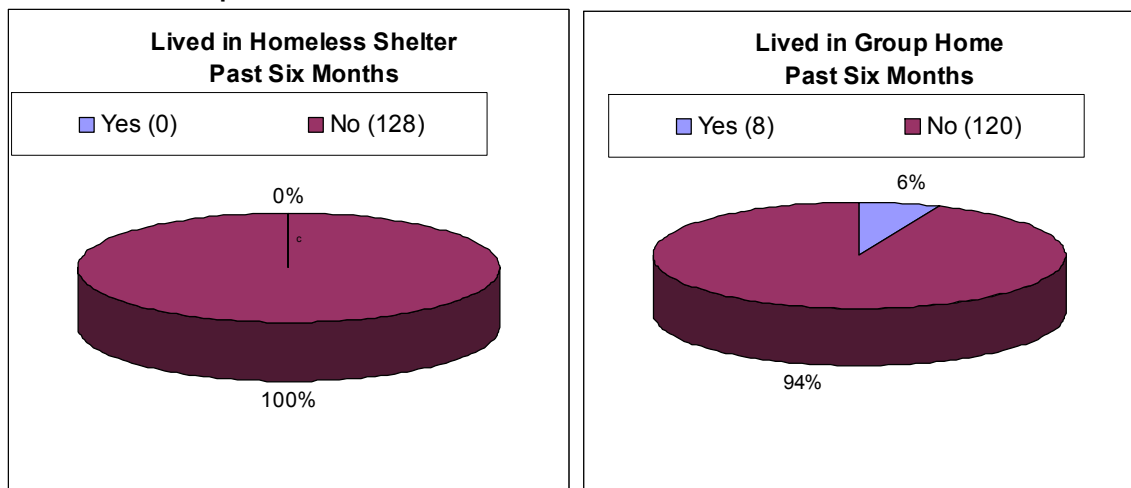
Whether Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



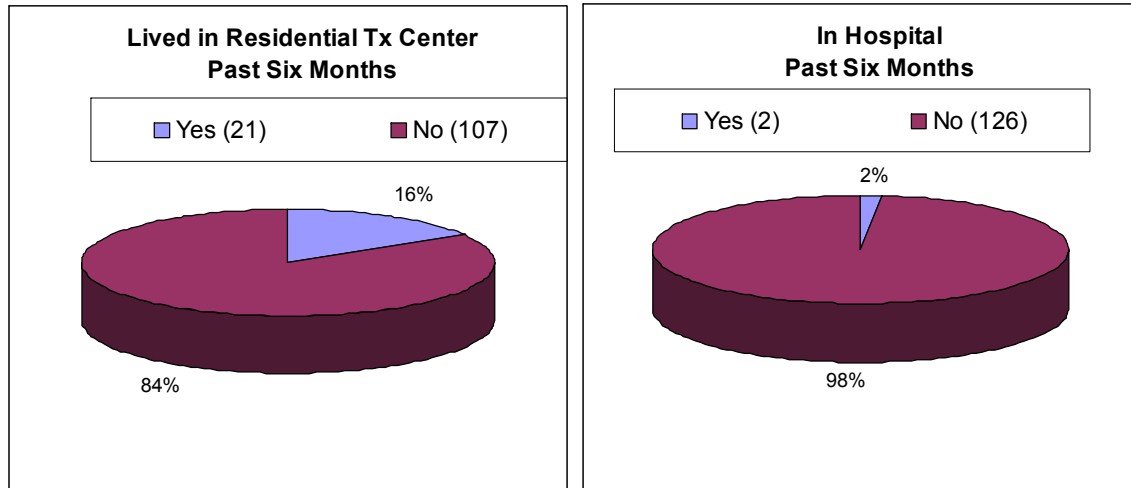
Whether Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



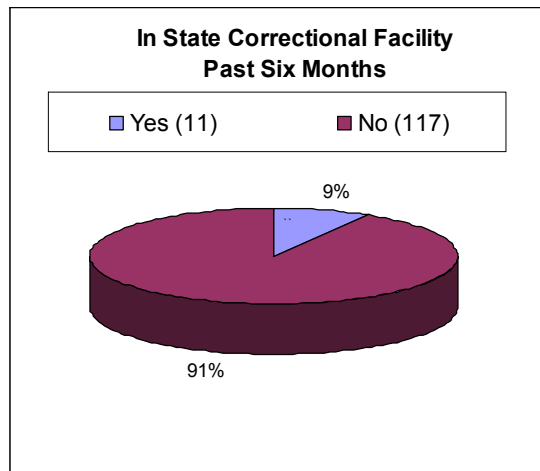
Whether Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



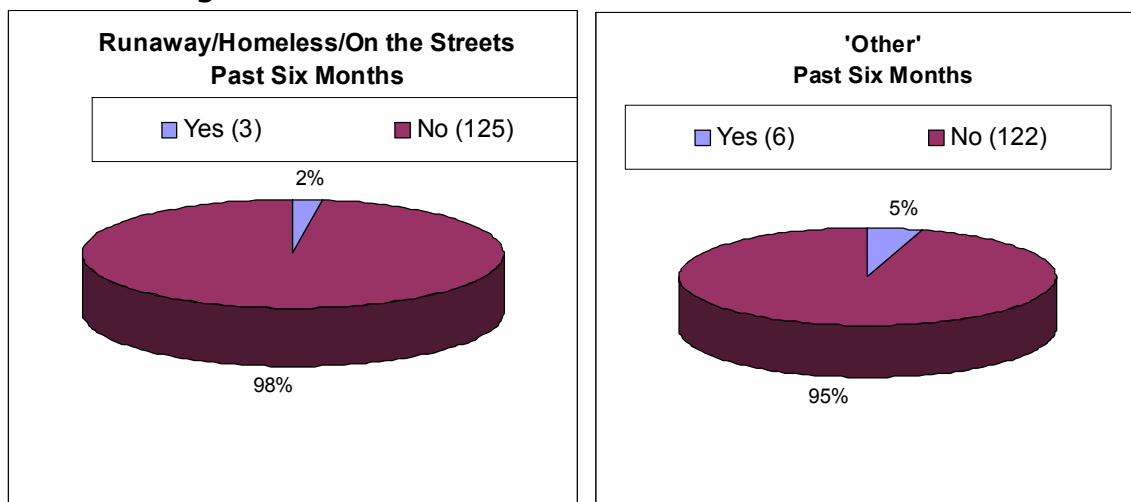
Whether Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



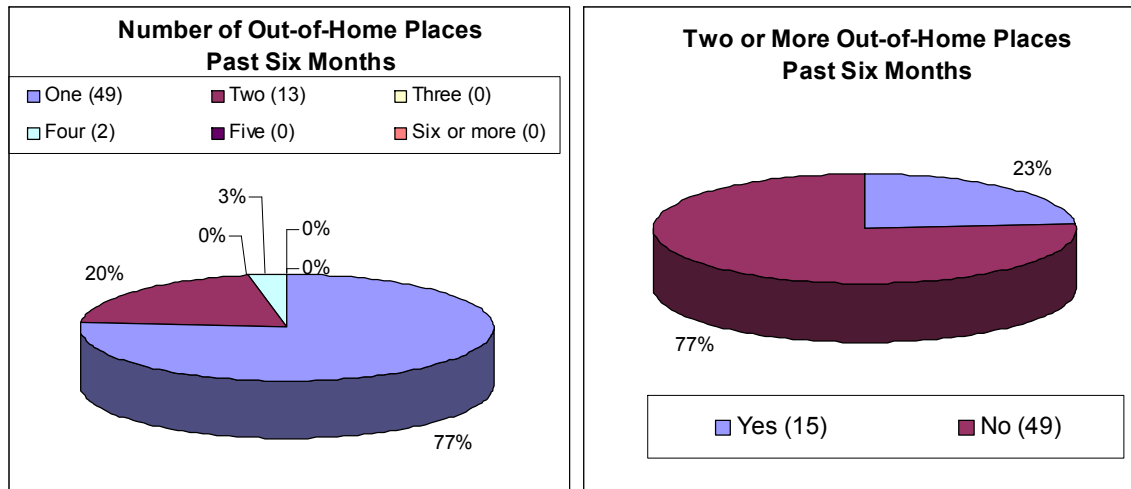
Whether Youth Lived in Local in State Correctional Facility Past Six Months



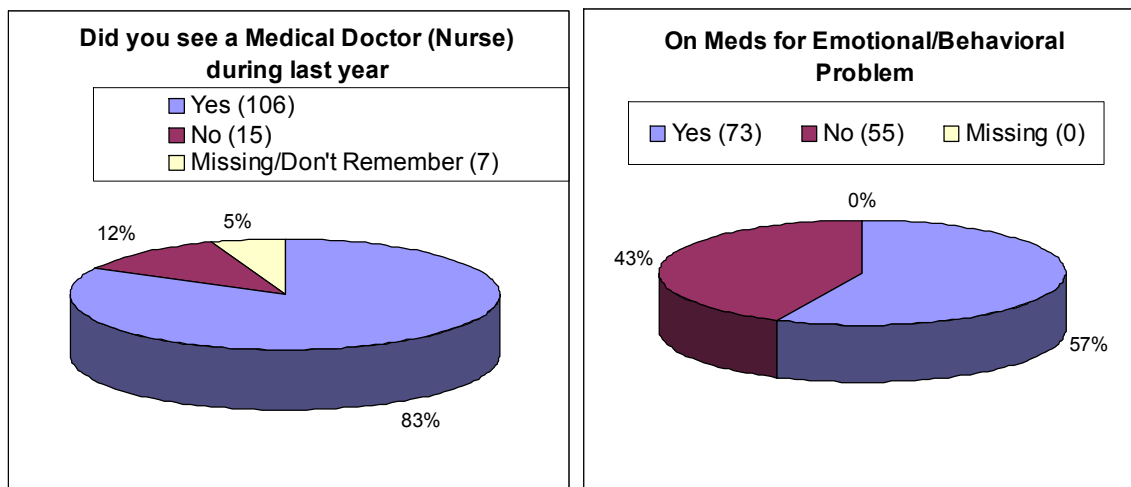
Whether Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



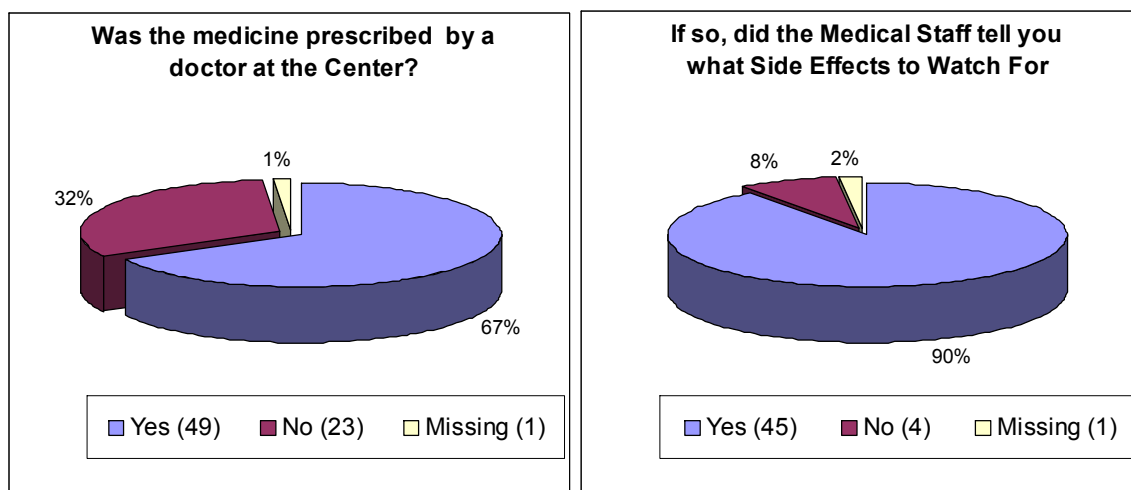
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Youth with Two or More Out-of-Home Placements



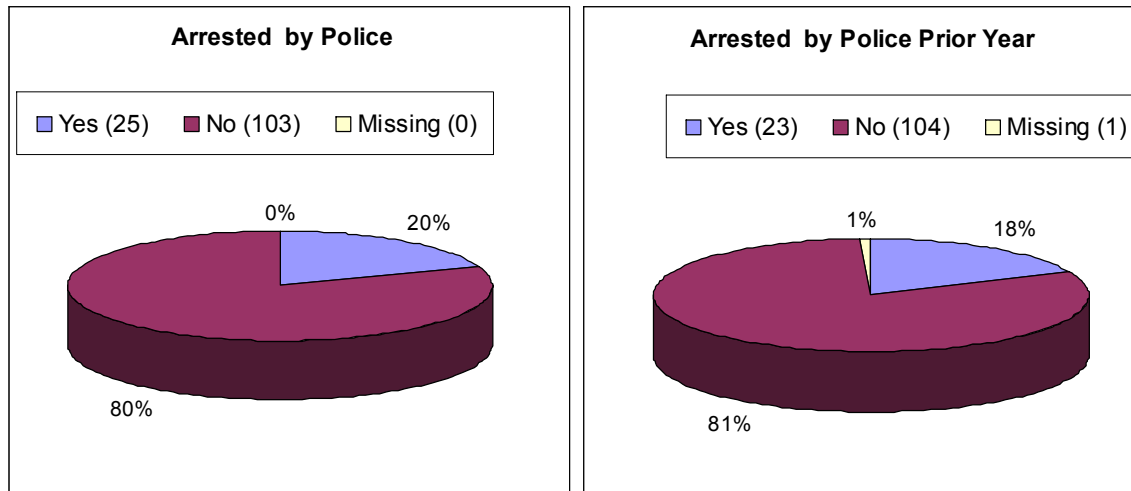
Whether Youth Saw Doctor/Nurse for Check Up/Sick, and was Youth on Meds for Behavioral or Emotional Problems,



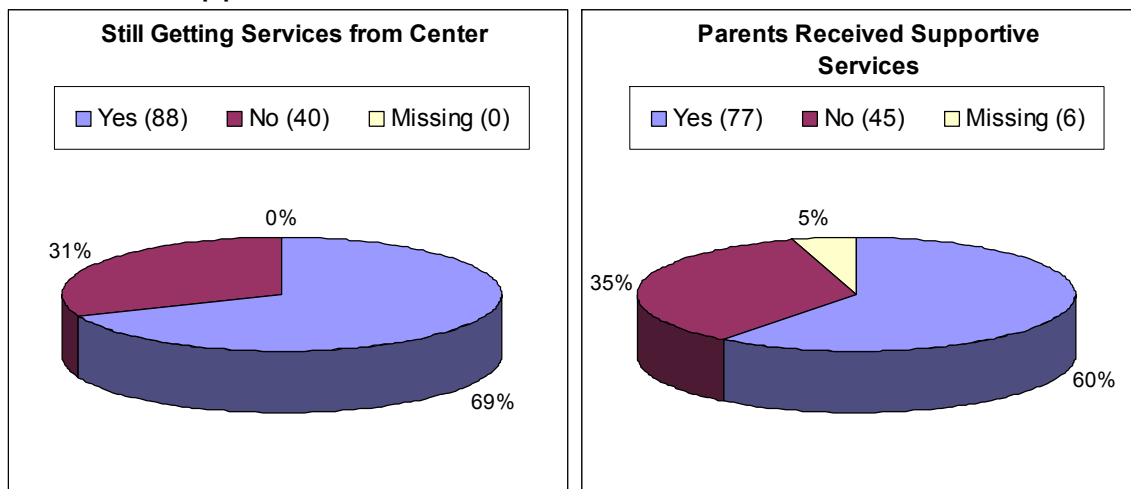
Was the Medicine Prescribed by a Doctor at the Center, and Did the Doctor or Nurse Warn about Possible Side Effects:



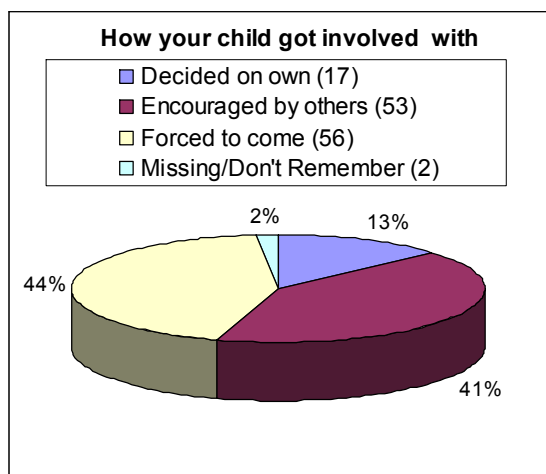
Whether the Youth Arrested this Year, and Whether Arrested in Previous Year:



Whether Still Receiving Services from This Center, and Whether Parents Received Supportive Services



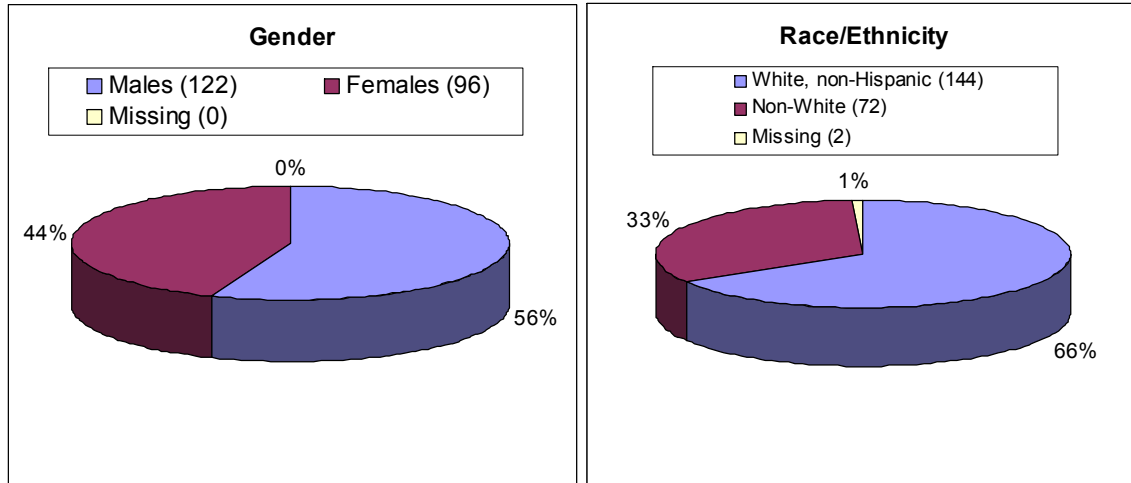
Reasons For Starting to Receive Services from This Center



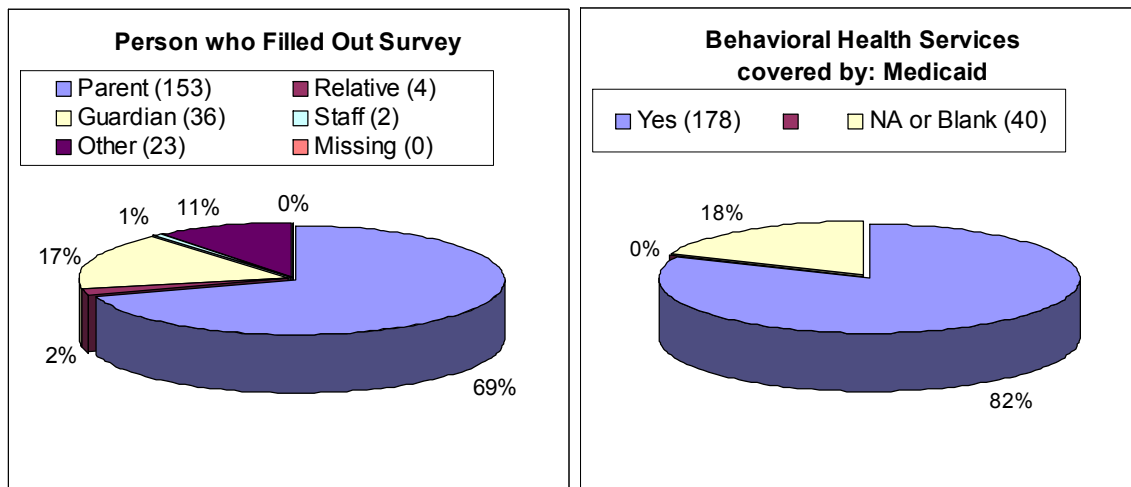
Appendix B.

Family of Children and Youth 2006 Survey: Results from Demographic and Other Questions on Survey

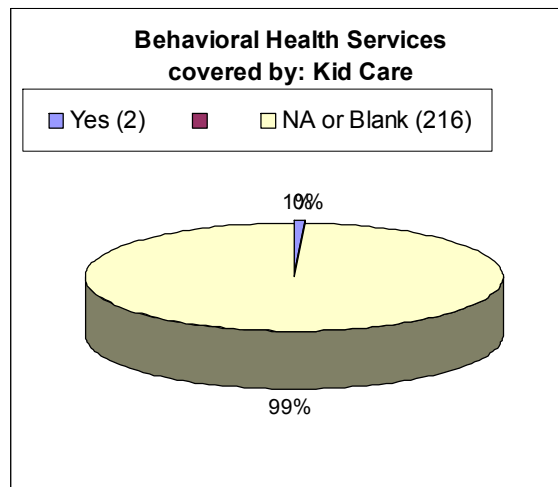
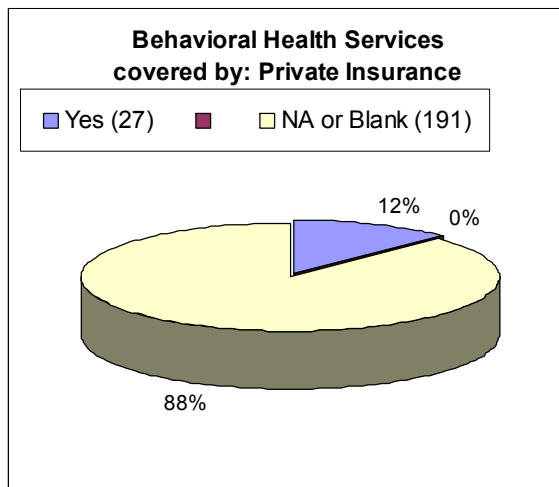
Gender and Race/Ethnicity



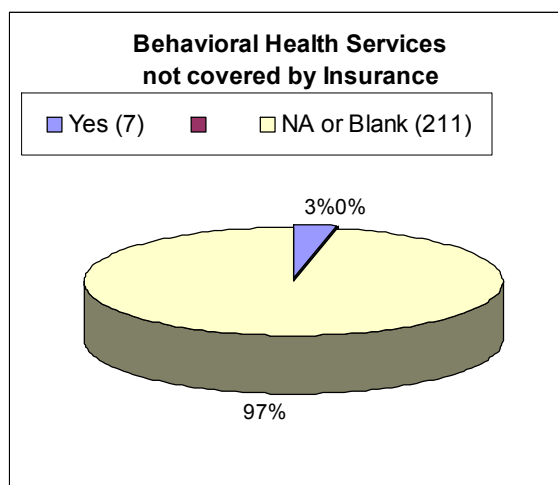
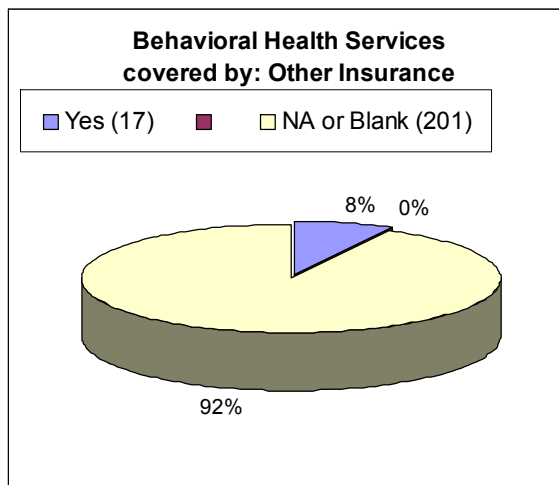
Who Filled Out Questionnaire, and Whether have Medicaid Insurance



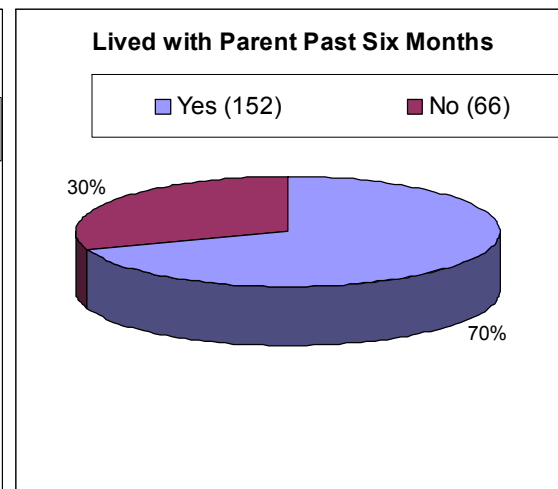
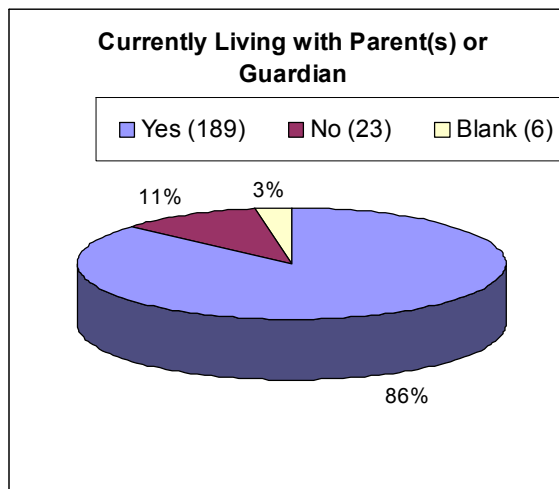
Whether have Private Insurance; Whether have Kid Care:



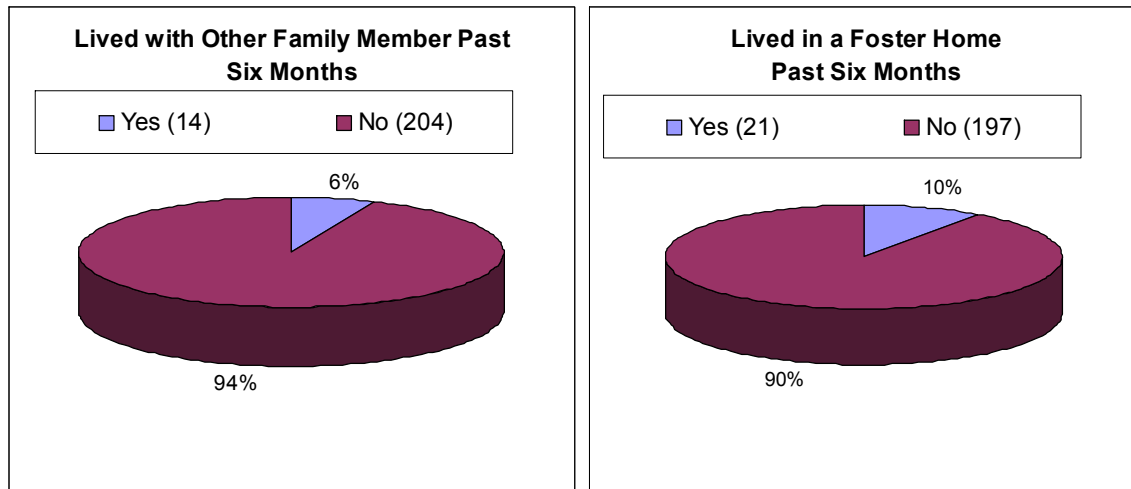
Whether have Other Insurance or Have No Insurance:



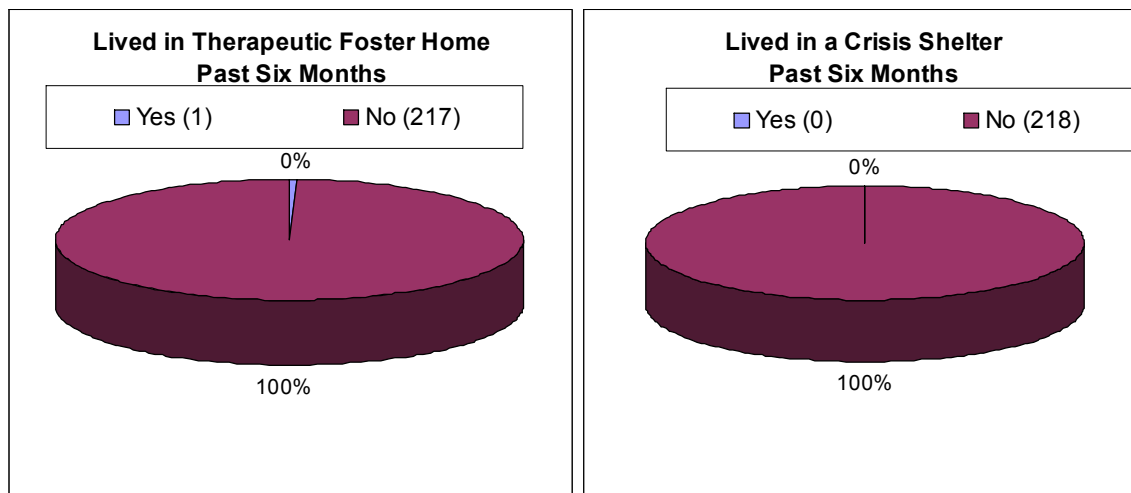
Whether Child/Youth Currently Living with Parent(s)/Guardian and Whether Lived with Parents in Past Six Months



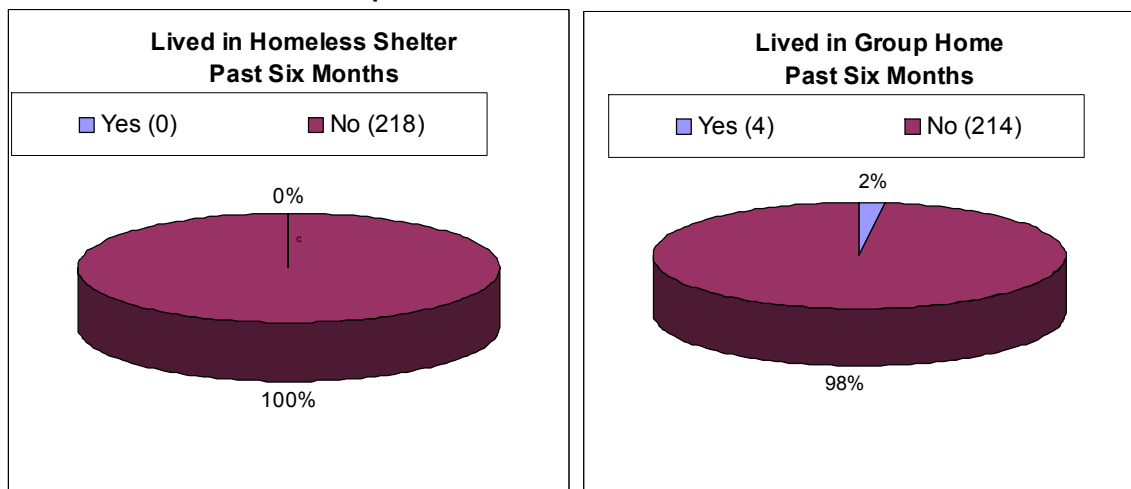
Whether Child/Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



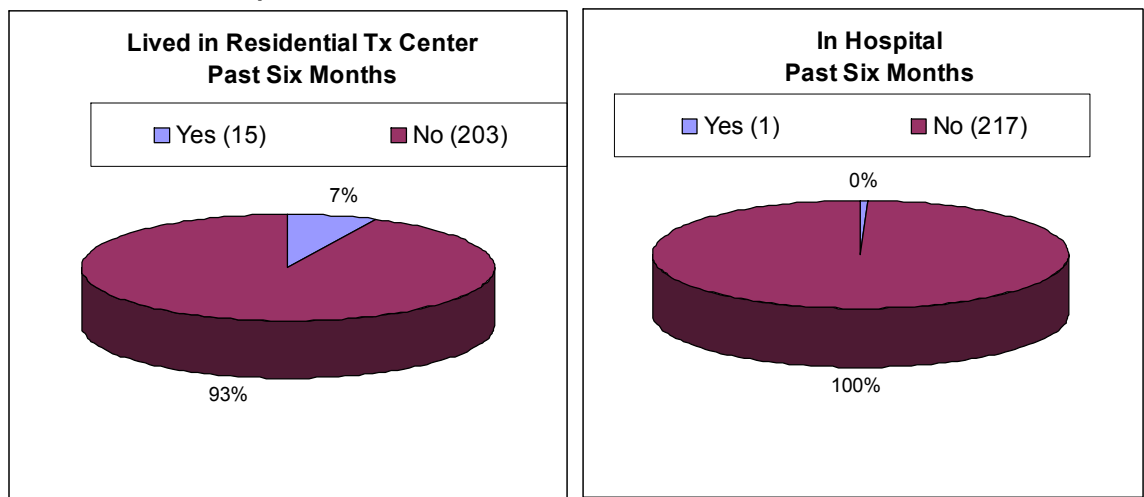
Whether Child/Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



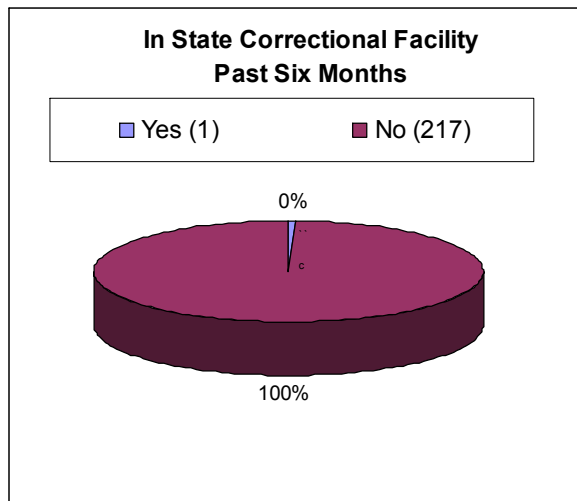
Whether Child/Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



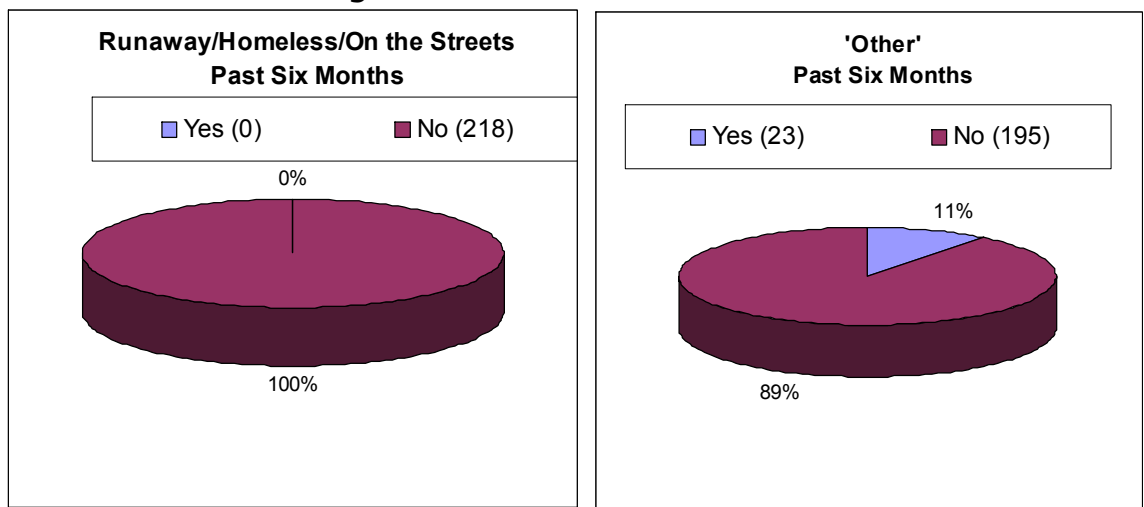
Whether Child/Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



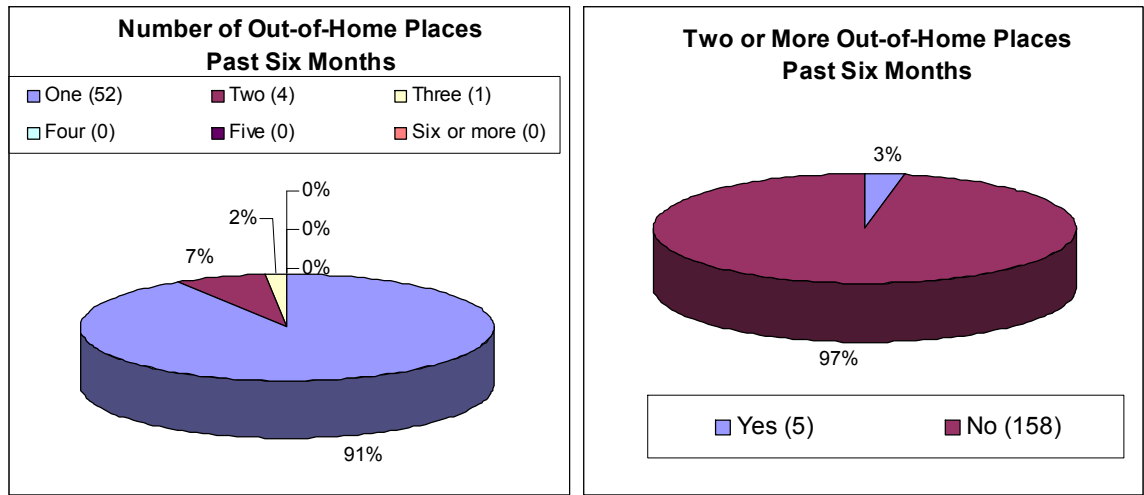
Whether Child/Youth Lived in State Correctional Facility Past Six Months



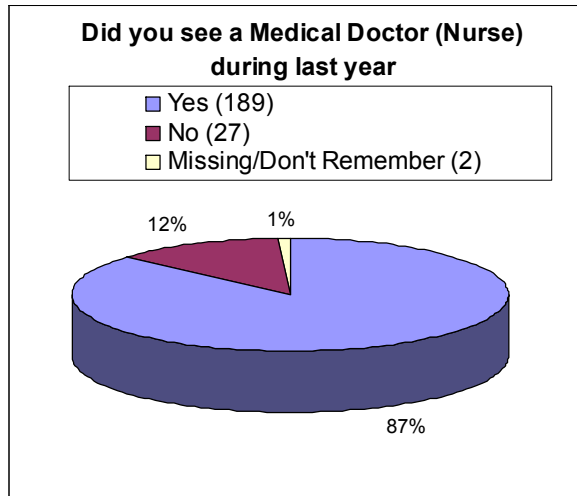
Whether Child/Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



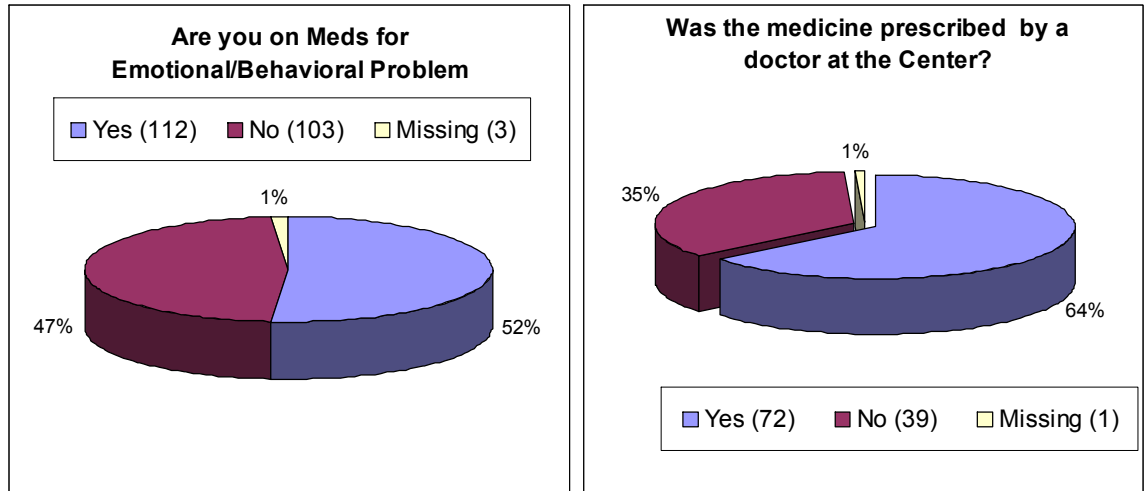
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Children/Youth with Two or More Out-of-Home Placements



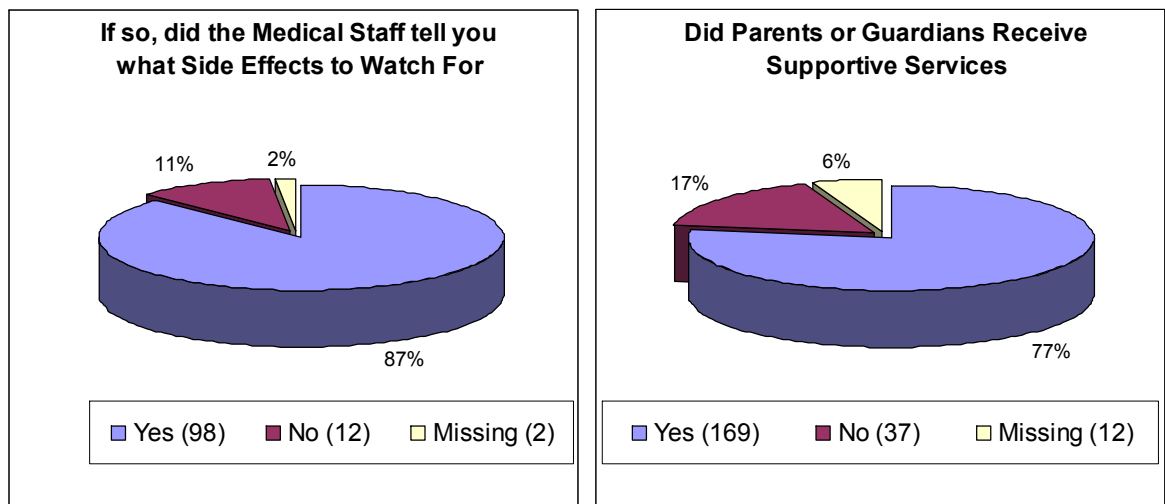
Whether Child/Youth Saw Doctor/Nurse for Check Up/Sick:



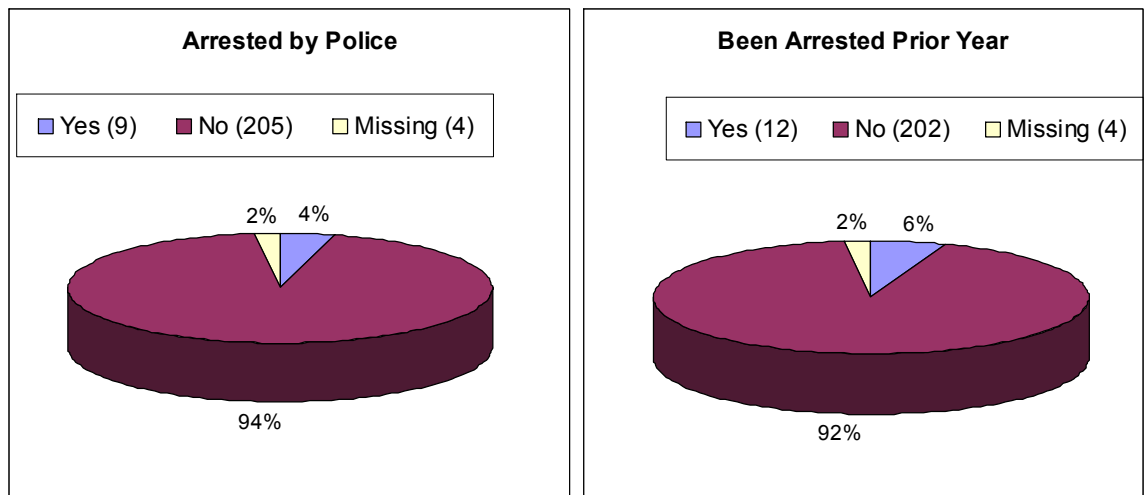
Child/Youth on Meds for Behavioral or Emotional Problems, and Was the Medicine Prescribed by a Doctor at the Center



Did the Doctor or Nurse Warn about Possible Side Effects and Whether Parents Received Supportive Services



Whether the Child/Youth Arrested this year, and Whether Arrested in Prior Year:



Whether Still Getting Services from Center and How Child Became Involved with Services

